



"We House Dreams"
East Park Manor / East Side Court / Columbia Court
615 E. Hovey Avenue, Muskegon Heights, MI 49444
Phone (231) 733-2033 Fax (231) 737-3206

PUBLIC HOUSING APPLICATION PROCEDURES

You must return this front page with your application. **Please initial by each section** to confirm that you have read and understood the application procedures.

_____ Complete the attached application. **ALL APPLICANTS OR HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER MUST RETURN WITH AN APPLICATION & MUSKEGON COUNTY SHERIFF JAIL HISTORY CHECK.** Bring the completed application and all required documents listed on page 2 to Muskegon Heights Housing Commission (MHHC). The application will be accepted by **appointment only** Monday - Thursday between 8:00 am - 3:30 pm. Incomplete applications will **not** be accepted.

_____ If you are a previous tenant from the Muskegon Heights Housing Commission and would like to re-apply, any funds owed must be paid in full, or your application will not be accepted. (Please note: paying a past due balance from the previous tenancy **does not guarantee shelter**.) Tenants evicted for Community Service or One Strike violation contact Property Manager to assure the time limit which applies to the reason for eviction has passed.

_____ Approved applications go onto the Wait List for the bedroom size in which your family is suitable for according to HUD Regulations. During this process, MHHC will conduct a personal record check for; criminal background records, landlord, and personal reference verifications. Update letters will go to the address on the application. (If your contact information changes, it's your responsibility to contact the office in writing immediately to update your contact information.) Finally, you must attend an interview for final determination for housing. MHHC will contact you by mail or telephone to schedule the meeting.

_____ Move-ins require a \$100.00 security deposit and 1st month's rent. Rent calculations will be determined by income.

_____ All application denials will receive a letter stating MHHC reason for denial. You may request a grievance hearing by submitting a request in writing within five business days from the date application was denied.

Reasons for Denial

- Undesirable behavior from Criminal
- Background checks
- Previous Evictions (MHHC or any landlord)
- No Rental History
- No show for application procedures or For scheduled move-in date
- Unable to contact previous landlords
- Not responding to update letter
- Member on the application is illegal alien
- Incomplete Application.

_____ Pursuant to Section 504 [24CFR 8.4(B) (I), 8.24 AND 8.33] and Fair Housing Act [24 CFR 100.204] Persons with disabilities may request reasonable accommodation to assure equal opportunity to the housing program(s) or dwellings.

REQUIRED DOCUMENTS

- PICTURE ID (ALL 18 years and older)
- SOCIAL SECURITY CARDS (All members)
- BIRTH CERTIFICATES (All members)
- PROOF OF CUSTODY (If applicant is not the parent or shared custody)
- CURRENT INCOME VERIFICATION ALL SOURCES
- JAIL HISTORY CHECK \$6.00 (Muskegon Sheriff Department)
- EMPLOYMENT INCOME and UNEMPLOYMENT BENEFITS
- SOCIAL SECURITY /SSI
- PENSIONS OR ANNUITIES
- CHILD SUPPORT
- DEPARTMENT OF HUMAN SERVICE
- ALL OTHER SOURCES OF INCOME AND SELF EMPLOYMENT

CURRENT ASSET(S) STATEMENTS:

- AVERAGE 6 MONTH AND CURRENT CHECKING or SAVINGS/BANK STATEMENT
- CD VALUE. INCLUDE INTEREST RATES/PENALTIES
- 401 K or ROTH IRA RETIREMENT PLAN. INCL WITHDRAWAL AMOUNTS
- WHOLE LIFE INSURANCE INCL CASH SURRENDER VALUE AND ANY DIVIDENDS
- REAL ESTATE/PROPERTY OWNED MUST INCL CURRENT STATE EQUALIZE VALUE (SEV)

PERSONAL REFERENCES all adult members of the household will need 5 references. Only 2 references can be from family. References must be handwritten. **All statements must be about applicant's character, willingness to pay bills, cleanliness, and ability to get along with others. Please include name and phone number of person providing reference.**

LANDLORD REFERENCES for all adult members of the household. **Applicants must have 2-3 years of residential history** for the application. Please make sure you list most recent address first. All addresses will need name and phone numbers of landlords.

APPLICATION FOR THE PUBLIC HOUSING PROGRAM

HEAD OF HOUSEHOLD NAME _____

SPOUSE/OTHER ADULT MEMBER OF HOUSEHOLD _____

OTHER NAMES USED: _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ Home or Work CELL PHONE: _____

MESSAGE NUMBER: _____ (If needed for contact)

I. FAMILY COMPOSITION

NAME Include Head of Household	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	SS#	U. S. Citizen Yes or No
1.	ADULT-HOH					
2.						
3.						
4.						
5.						
6.						
7.						

II. RESIDENTIAL HISTORY (where you have lived the last 2-3 years). THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

CURRENT ADDRESS	DATES OF RESIDENCY FROM TO		RENT	RELATIONSHIP TO LANDLORD	NAME/ADDRESS/ PHONE NUMBER FOR LANDLORD
			\$		
NEXT PRIOR ADDRESS					
			\$		
NEXT PRIOR ADDRESS					
			\$		
NEXT PRIOR ADDRESS					
			\$		

III. INCOME AND ASSET INFORMATION:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details below.

Do you or anyone in your household:

YES NO

- ____ 1. Work full-time, part-time, or seasonally?
- ____ 2. Expect to work for any period during the next year?
- ____ 3. Work for someone who pays you cash?
- ____ 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- ____ 5. Now receive or expect to receive Unemployment Benefits?
- ____ 6. Now receive or expect to receive Child Support?
- ____ 7. Have an entitlement to receive Child Support you are not now receiving?
- ____ 8. Now receive or expect to receive alimony?
- ____ 9. Have an entitlement to receive alimony you have not currently received?
- ____ 10. Now receive or expect to receive public assistance (welfare)?
- ____ 11. Now receive or expect to receive Social Security benefits?
- ____ 12. Now receive or expect to receive income from Pension or annuity?
- ____ 13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
- ____ 14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- ____ 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- ____ 16. Have you sold or given away real property or other assets (including cash) in the past two years?

Details: _____

LIST ALL INCOME SOURCES AND AMOUNT RECEIVED FOR ALL HOUSEHOLD MEMBERS (YOU MUST PROVIDE DOCUMENTATION TO VERIFY INCOME LISTED BELOW)

SOURCE OF INCOME SUCH AS:

- FIP- DEPARTMENT OF HUMAN SERVICES
- SUPPLEMENTAL SECURITY INCOME (SSI)
- SOCIAL SECURITY RETIREMENT, DISABILITY OR SURVIVORS BENEFITS
- ALL INCOME FROM WORK/all income from UNEMPLOYMENT BENEFITS
- SCHOOL- WORK STUDY OR LOANS
- CHILD CARE OR CHORE WORKER -DEPARTMENT HUMAN SERVICES
- SELF EMPLOYMENT INCOME- HAIR STYLIST.

INDIVIDUALS NAME RECEIVING INCOME	SOURCE OF INCOME	AMOUNT RECEIVED	DATE RECEIVED
1.			
2.			
3.			
4.			

IV. OTHER REQUIRED INFORMATION:

1. Have you ever been a resident of any Public Housing Authority in the United States or participated in the Section 8 Program? YES _____ NO _____

If YES, list name used, where, and when:

2. Have you applied for housing at the Muskegon Heights Housing Commission before? YES _____ NO _____
- If YES, List name used and when:

3. Have you ever been evicted (by private landlord, public housing or while on a section 8 program? YES _____ NO _____

If YES, list name used, address, date and why:

4. Do you require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations. (You must provide documentation from a physician describing your disability and your special accommodation needs.)

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

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CRIMINAL RECORD HISTORY CONSENT

The following named individual has made an application with MHHC for Public Housing Assistance Program.

Last Name of Applicant: *(Please Print)* _____

First Name of Applicant: *(Please Print)* _____

Middle Name (Full) *(Please Print)* _____

Date of Birth: ____/____/____ Gender: ☐ Female or ☐ Male

Social Security #: ____/____/____

Driver License #: _____ State Issued: _____

Address: *(Please Print)* _____ City: _____

State: _____ Zip: _____

Have you ever resided or worked outside the state of Michigan? ☐ Yes or ☐ No

If you answered "yes" list the state(s) in which you have resided or worked:

I authorize the disclosure of criminal history record information to the Muskegon Heights Housing Commission (MHHC) for the purpose of Public Housing. I authorize MHHC or agent to investigate my criminal background to determine my eligibility for Public Housing. I release all persons, companies, or corporations furnishing information as part of this background investigation from liability and responsibility.

I certify that all the information I have provided on this form is accurate and complete to the best of my knowledge. I understand that giving false information or omitting requested information may cause rejection of my application or dismissal if I am accepted and placed in housing.

The Criminal History Consent authorization shall expire in one year or for the duration of applicant's name is on the waiting list from the date of signature.

Signature: _____ ☐ See attachment

Date: ____/____/____

Signature of person completing the background check: _____

☐ Has A Record ☐ No Record

V. CRIMINAL HISTORY:

Please be advised on March 28, 1996 the Department of Housing and Urban Development (HUD) introduced guidelines to help Public Housing Administrators (PHA) screen and evict tenants involved in drug or other criminal activity, the "ONE STRIKE" policy (59 CrL 1047). The HUD guidelines require that PHA's conducts extensive background checks on applicants and their family members and develop strict rules to find out about applicants' involvement in drug or criminal activity. The policy also sets out procedures for PHA's to deny housing to an applicant for criminal or disruptive behavior, numerous misdemeanors and felony. There are forms attached to this application in which your signature is required to obtain this information, a Release of Information and Authorization and Criminal background Check form.

1. Have you **ever** been arrested/convicted or received a citation for FELONY/FELONIES or MISDEMEANOR(S) for **any crimes** (including drug related crimes)? ☐ YES OR ☐ NO
Year of Arrest: _____

Arrested for or received citation for: _____
CITY, STATE, AND COUNTY where arrested or received citation: _____

Year of Conviction: _____ Convicted of: _____
CITY, STATE, AND COUNTY where Convicted and sentencing dates and time served if applicable: _____

2. Are you on any State's Sex Offender List? ☐ Yes OR ☐ NO
If yes, what state? _____

VI. GUARDIAN/PAYEE INFORMATION (If you have a guardian/payee please complete information below):

Name: _____ Check one: ☐ Guardian or ☐ Payee

Phone #: _____ Address: _____

Street, City, State, Zip _____

VI. GUARDIAN/PAYEE INFORMATION (If you have a guardian/payee, please complete information below):

Name: _____ Check one: ☐ Guardian or ☐ Payee

Phone #: _____ Address: _____

Street, City, State, Zip _____

To whom should all paperwork be sent? ☐ Self or ☐ Guardian or ☐ Payee

APPLICANT CERTIFICATION

I/We certify that the information given to the Muskegon Heights Housing Commission on income; household composition; criminal background and landlord references is true to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under Federal law. I/We also understand giving MHHC false statements or information are grounds for termination of this application for housing assistance.

Signature of Applicant

Date

Spouse/Other Adult Applicant

Date

Office Use Only

Please Stamp below the Time/Date of Received on all Application.

Application Received By (Office Staff Initials): _____

Number of member ages:

1-5 years of age _____

Male _____

Female _____

5-10 years of age _____

Male _____

Female _____

10-17 years of age _____

Male _____

Female _____

18 or older (Dependent) _____

Male _____

Female _____

Total Household Members _____

Bedroom Size Required _____

Total Income Verified _____

Criminal History determination:

Landlord determination:

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EMPLOYMENT VERIFICATION

Date: _____

Re: _____
Applicant's Name

SS# _____

Employer: _____

Address: _____

Employer Phone # _____

Signature: See Attached Release of Information

This form should be completed and signed by a Representative of employer such as HR, time-keeper, or accountant. **THIS FORM SHOULD NOT BE COMPLETED BY EMPLOYEE.**

Position/Title: _____

Date Hired: _____

Will Employment likely continue? ☐ Yes Or No ☐

Any Overtime or Bonus?

Overtime: ☐ Yes or No ☐

Bonus: ☐ Yes or No ☐

Base Pay \$ _____ () Annual () Monthly () Hourly () Weekly () Other (Specify)

If hourly, how many hours worked per week? Current Year _____ Previous Year: _____

Anticipated Pay Increase? ☐ Yes or ☐ No Date Effective: _____

Amount \$ _____ per _____

Earnings Year-to-Date Prior Year

Base Pay	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Incentives, Tips	\$ _____	\$ _____
Commission		

Preparer Signature: _____

Date: _____

Title: _____ Telephone # _____



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DHS ASSISTANCE VERIFICATION

Date: _____

To: DEPARTMENT OF HUMAN SERVICE

Re: Name: _____ SSN: _____
Address: _____
City/State/Zip: _____
Case Number: _____ or Worker Name: _____

Signature: See Attached Release of Information

The bottom portion of THIS FORM SHOULD NOT BE COMPLETED BY APPLICANT! This form should be completed and signed by a Representative of DHS.

PLEASE PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE

Type of monthly assistance _____

Amount of monthly assistance \$ _____

Effective date of current amount _____

List any factors (childcare, child support, employment, etc) that influence the amount of this recipient's grant. Please give the factor and the amount it increases or decreases the grant:

Factor _____ [] Increases [] Decreases grant by \$ _____

Factor _____ [] Increases [] Decreases grant by \$ _____

Factor _____ [] Increases [] Decreases grant by \$ _____

Does recipient receive Medical Assistance? ☐ Yes or ☐ No

Total monthly grant amount \$ _____

Please explain any changes expected within next 12 months

Preparer Signature: _____ Date: _____

Title: _____ Phone #: _____

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

**MUSKEGON HEIGHTS
HOUSING COMMISSION
EAST PARK MANOR OFFICE
615 EAST HOVEY AVENUE
MUSKEGON HEIGHTS, MI 49444**

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.

**MUSKEGON HEIGHTS HOUSING COMMISSION
AUTHORIZATION FOR RELEASE OF INFORMATION**

CONSENT: I authorize and direct any Federal, State or Local agency, organization business or individual to release to the Muskegon Heights Housing Commission (MHHC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under Public and Indian Housing, Section 8 Rental, Rehabilitation, and/or other housing assistance programs. I understand and agree that this authorization of 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 the Public Housing Authority (PHA) to release information from my file about rental history to credit bureaus, collection agencies, or future landlords. This includes 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 my household or myself may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity, Family, and Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Childcare Allowances; Credit and Criminal History.

I understand that this authorization cannot be used to obtain any information about my household or myself that is not pertinent to my eligibility for and/or 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/Present Landlords (including Public Housing Authorities); Past/Present Employers; Veterans Administration; Retirement Systems; Courts and Post Offices; State Unemployment Agencies; Welfare Agencies/Banks/Financial Institutions; Social Security Administration; Schools/Colleges; Law Enforcement Agencies; Medical Providers; Childcare Providers; Support/Alimony Providers; Credit Providers and Credit Bureaus; and Utility Companies.

COMPUTER MATCHING NOTICE AND CONSENT: I Understand and agree that HUD or the PHA may conduct computer matching programs, including the Upfront Income Verification System (UN), to verify the information supplied for my application and/or recertification. If a computer match is done, understand that I have a right to notification of any adverse information found and a change to disprove incorrect information. HUD or the PHA 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 Services Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Services, the Social Security Administration, and State Welfare and Food Stamp Agencies.

CONDITIONS: I agree that photocopies and facsimiles of this authorization may be used for the purpose of verifying my eligibility, level of benefits, or verifying my true circumstances. The original authorization is on file with the PHA and will stay in effect during the time an active application is on file or during the full duration of tenancy. I also understand that my housing assistance may be denied or terminated if I or any other adult in my household does not sign this authorization. I understand I have a right to review my file and provide any information necessary to disprove incorrect information.

Date: _____

Signature _____

Signature _____



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because: (please check appropriate box)

- ☐ I am a citizen by birth, a naturalize citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigrant status under 101 (a or 1010(a) (20) of the INA 3/; or
 - ☐ Permanent residence under 249 of INA 4/; or
 - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA / 5; or
 - ☐ Parole status under 212 (d) (5) of the INA /6; or
 - ☐ Threat to life or freedom under 243 (h) of the INA /7; or
 - ☐ Amnesty under 245A of the INA 8/.

Signature _____ Date _____

* PARENT / GUARDIAN must sign for family members under age 18. DO NOT sign child's name on the signature line.

NOTICE OF CHANGES TO LEASE TERMS

Violence Against Women Act 2007 Lease Provisions

The Muskegon Heights Housing Commission's (MHHC) Board has modified your lease to adopt the changes identified below. All tenants will be required to sign a lease amendment during re-certification. Federal Law requires these changes to take effect immediately regardless if you have not signed the lease amendment. These changes are favorable to the tenant and do not change MHHC policy. Muskegon Heights Housing Commission continues to implement the guidelines found in Admissions and Continued Occupancy Policy (ACOP). ACOP manual is revised to reflect this provision.

Engaging in domestic/dating violence or stalking will cause guests to become barred from the property or a tenant's eviction. Only victims will retain the right to stay. Incidents of physical or threatened domestic violence, dating violence, or stalking will not cause a lease violation to the victim of that violence and not a good cause for terminating the tenancy of the victim of such violence. Nothing in this lease revision prohibits MHHC from evicting occupants who have engaged in or threatened retaliation of domestic violence, dating violence, or stalking.

A resident who claims to defend an eviction procedure that the Lease Violation was due to criminal activity directly relating to domestic violence, dating violence, or stalking must provide a police report that will serve as written verification. MHHC will allow fourteen days to submit written proof certifying incidents are threats or physical abuse. Evidence may include any written communication from MHHC stating the tenant is subject to eviction. Tenants can obtain a Certification form from MHHC's office. Information provided in the Certification Form is confidential and will not be entered into a shared database or delivered to another entity without the tenant's written consent. Information contained within the Certification Form may be utilized by law enforcement or court.

The Muskegon Heights Housing Commission (MHHC) may divide the lease to terminate assistance to any individual who is a lawful occupant who engages in criminal acts of physical violence against family members, guests, or staff without removing aid to the victim(s). A tenant who allows a perpetrator who has been barred from MHHC property to visit the grounds or apartment is subject to eviction.

MHHC may terminate the tenancy of any resident if the Public Housing Authority can demonstrate an actual or imminent threat to the community, contractors, or staff. None of these provisions shall supersede any provision of any Federal, State, or local law that provides increased protection than this section for victims of domestic violence, dating violence, sexual assault, or stalking.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____



JAIL HISTORY CHECK

MUSKEGON COUNTY SHERIFF'S OFFICE

25 W. Walton Ave. Muskegon, MI 49440

Telephone: 231-724-6351

COST: \$6.00

5 Yrs. History Check

 X Application

 Recertification