

Muskegon Heights Housing Commission

615 E. Hovey Avenue, Muskegon Heights, MI 49444 | Phone: 231-733-2033 | Fax: 231-737-3206

EQUAL HOUSING
OPPORTUNITY

Housing Voucher Program Application

DO NOT DETACH FORMS

To be qualified for admission to the housing Voucher Program, an applicant must meet **ALL** of the following requirements.

- a. Be a family as defined in MHHC Administrative Plan for Housing Voucher Programs;
- b. Meet requirements of the U.S. Department of Housing and Urban Development (HUD) on citizenship immigration status, or pay a higher rent;
- c. Have an Annual Income at or below HUD's income limits posted in MHHC offices.
- d. Provide **Copies** of Social Security cards for all family members; or, if a family member does not claim eligible immigration status, certify that the family members does not have a Social Security number.
- e. Provide **Copies** of Birth Certificates for all family members;
- f. Provide proof all household income, DHS, Social Security Administration, Pension, unemployment, child support, a letter from employer or copies of check stubs in chronological order.
- g. Provide a copy of a valid drivers license or picture ID for household members 18 yrs of age and over
- h. Meet or exceed the Applicant Selection Criteria related to tenancy history, criminal activity, alcohol abuse and utility payment history; and not to be engaged in any criminal activity that threatens the life, health, safety, possessions, or right to peaceful enjoyment of other residents and not to be engaged in any-drug related activity.
- i. Be free of any debts to MHHC or any other housing commission;
- j. Not have had a lease terminated by a Housing Commission or Section 8 voucher terminated in the past 3 years.
- k. Be able and willing to comply with voucher terms and conditions;
- l. Not have any family members subject to a lifetime sex offender registration in **ANY** state; Applications will be accepted in person, faxed and by mail, sent to 615 E. Hovey Avenue, Muskegon Heights, MI 49444 postmarked within dates when the MHHC is accepting applications. Complete applications will be entered on the waiting list as described in MHHC Administrative Plan. The waiting list will then be sorted according to date and time applications were received.

Applicants with disabilities will receive assistance with completing the application at the Housing Commission main office at the address listed above Monday through Thursday from 8:00a.m.-12:00p.m.

Be sure to include the name, social security number, date of birth and all income for every family member who will live in the assisted unit. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview. It is your responsibility to update your current mailing address and contact information in writing. Failure to do so may result in withdrawal from the waiting list.

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Family Income Information:

Please list the source and amount of all current income received by all family members including yourself. Include all income, earned or unearned, and benefits received from employment (full-time or part-time, permanent or temporary), Welfare/TANF, VA, Social Security, SSI, SSID, Unemployment, Pensions, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency - Per (Week, Month, Year)

1. Are you involuntarily displaced from your current housing due to governmental action?

Yes No if yes, what governmental action?

2. Are you involuntarily displaced from your current housing by a federally declared natural disaster (such as hurricane, tornado, earthquake, flood, etc) that occurred within the last 90 days? Yes___ No___

3. Are you in in need of congregate housing in an assisted living facility? Yes___ No___

4. Are you homeless due to documented domestic violence? Yes___ No___

5. Are you an individual graduating from or"aging out of the foster care program administered by the Department of Human Services and Protective Services?

Yes___ No___if yes, name of family member(s) _____

6. Do you have a checking or savings account or own any Certificates of Deposit,

Stocks, bonds, etc? Yes No if yes, describe the type of asset(s) please: _____ What is the value of all asset(s) please: _____ Where? _____

Do you own any real estate? Yes No If yes, what is the address?

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Have you sold any real estate in the past two years? Yes___ No___. If yes, what was the address_____

7. Current LandLord's name and phone # _____

Date family moved to this location _____

8. Have you ever been evicted from housing? Yes___ No___ If yes, why?

Screening

A "yes" answer will not automatically disqualify you for admission.

9. Have you ever lived in public housing before? ___Yes ___No If yes, where? ____

_____ Dates: From _____ to _____ Name of Lessee_____

10. Do you owe any money to the housing authority/commission ___Yes ___No If yes, please describe and give amount owed: _____.

11. Do you have any past due utility bills? ___Yes ___No If yes, please describe and give amount owed:

12. Have you, or any member of the applicant, household ever been arrested or convicted of a crime other than a traffic violation? ___Yes. ___No If yes, please explain the problem and who was involved:

Is anyone in your household currently on parole or probation? ___Yes. ___No If yes, please explain:

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Deductions for Calculating Rent

13. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question #17

14. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.) Yes No if yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:

Type of expense: _____

Monthly medical expense: \$ _____

Name address & phone# of person who can verify expense: _____

15. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No if yes, describe the nature of the expense and the monthly amount:

Name address & phone# of person who can verify expense: _____

16. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? Yes No If yes, Name of the family member and

name and address of someone who can verify this information:

Name of family member _____

Name, address & phone # of someone who can verify this information: _____

17. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No if yes, provide the Name, address and phone number of the Day Care Provider: _____

Monthly unreimbursed child care cost: \$ _____

Name address & phone# of person who can verify expense: _____

Driver's License or State ID# _____

Applicant _____ Co-applicant _____

Automobile: Year: _____ Make: _____ Model: _____

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I/we certify the information provided and statements made on this pre-application for housing assistance are true and accurate, and I/we understand that they will be verified.

I/we authorize the release of information to the Muskegon Heights Housing Commission by my/our employer(s), any department of public assistance, the Social Security Administration, and other business or government agencies.

I/we understand that giving false information or making false statements on this application will cause me/us to be qualified for admission or to be terminated from participation.

Applicant Signature

Date

Co-applicant Signature

Date

Other adult applicant Signature (18 and over)

Date

Other adult applicant Signature (18 and over)

Date

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the-social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U. S. C. 408 (a) (6), (7) and (8). **

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. 07/31/2021

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

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.