

EAST TAWAS SECTION 8, NORTH TOWER APPLICATION

East Tawas Housing Commission
 Bay Park NORTH Tower
 304 W. Bay Street, East Tawas, MI 48730
 Phone: 989.362.4963
 Fax: 989.364.2027

For Office Use Only Date/Time Application Received _____AM/PM Received By: _____

Preferred Unit Size: 1BR ()

Please check your selection, you may select as many or few as you would like. However, your application will not be processed for unit sizes for which your household does not qualify for.

You must complete this application in its entirety. Do not leave any blank spaces, Write "N/A" or "NONE" for any questions that does not apply to your household.

Application Information:

Last Name:	First Name: MI	Date of birth	Gender (optional)
Social Security Number	Maiden Name/Other Names used:	Marital Status (optional)	Student Status
Daytime Phone No: ()	Cell Phone No: ()	Email Address:	
Current Mailing Address:			
Current Physical address if different from mailing address:			

Co-Applicant:

Last Name:	First Name: MI	Date of Birth	Gender (optional)
Social Security Number:	Maiden Name/Other Names used:	Marital Status (optional)	Student Status

Other Occupant(s):

List all others who will live in the unit, including unborn children. No person is to live in the unit with you that is not listed on the application.

Full Name:	Date of Birth	Social Security Number:	Gender (optional)	Relationship to Applicant	Student	
					YES	NO



Use additional sheets should you need to add more people:

Current Housing

Your current Housing situation is best described as:

<input type="checkbox"/> Standard	<input type="checkbox"/> Substandard	<input type="checkbox"/> Without or soon to be without housing
<input type="checkbox"/> Conventional	<input type="checkbox"/> Public Housing/Voucher	<input type="checkbox"/> Fleeing or attempting to flee violence

Household History

Please circle ALL STATES where you or any household member has lived:

Alabama	Georgia	Maine	Nevada	Oregon	Virginia
Alaska	Hawaii	Maryland	New Hampshire	Pennsylvania	Washington
Arizona	Idaho	Massachusetts	New Jersey	Rhode Island	West Virginia
Arkansas	Illinois	Michigan	New Mexico	South Carolina	Wisconsin
California	Indiana	Minnesota	New York	South Dakota	Wyoming
Colorado	Iowa	Mississippi	North Carolina	Tennessee	District of Columbia
Connecticut	Kansas	Missouri	North Dakota	Texas	Puerto Rico
Delaware	Kentucky	Montana	Ohio	Utah	
Florida	Louisiana	Nebraska	Oklahoma	Vermont	

Criminal History:

Are you or any member of your household subject to Lifetime Sex Offender Registration in any State?	Yes	No
If so, please explain what degree and state.		

Using the numbers below, indicate whether you or any member of your household have been arrested or convicted of any crimes listed below.

1. Rape/Sexual Assault/Child Molestation	6. Assault	11. Fraud
2. Homicide/Murder/attempt of	7. Drug Trafficking/Use/Possession	12. Prostitution
3. Burglary/Larceny/Robbery	8. Child Abuse/Domestic Violence	13. Trespassing
4. Treats/Harassment/Stalking	9. Public Intoxication/Drunk & Disorderly	14. Other
5. Destruction of property/Vandalism	10. Receiving stolen good	

Member Name:	Crime # from Above	Current Status or Disposition and date

Special Unit Requirement(s) Questionnaires:

All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.

Do you or any member of your household have a condition that requires:

A Separate bedroom
 Unit for Vision Impaired
 Physical Modification to a typical Unit
 A Barrier Free Unit
 Unit for Hearing impaired
 Any other accommodations

If you check any of the above listed categories of units, please explain what you need to accommodate your situation.



Who should be contacted to verify the need for the features you have identified above?

Name:
Address:
Phone Number:

Student Status:

Are you or anyone else in your household a student?	Yes	No
Are ALL household members FULL TIME students?	Yes	No
Are any student(s) under age 24 AND enrolled in an institute of higher learning?*** *Exemptions must be met to qualify for Tax Credit Unit. ** Exemptions must be met to qualify for HUD rental assistance	Yes	No

List all Students Here:

Household Member	Institution:	Status	
		Yes	No

Household information:

Are you displaced by government action or a Federal Declared disaster?	Yes	No
Is anyone in your household currently receiving HUD rental assistance?	Yes	No
Please explain:		
Do you anticipate an additional person residing with you in the unit in the next 12 months?	Yes	No
Please explain:		
Is there anyone living with you now who will NOT be living with you in the unit?	Yes	No
Please explain:		
Do you have full custody of your child(ren)?	Yes	No
Have you or any member of your household been evicted or had your lease terminated	Yes	No
Are all members of your household United States Citizens or eligible to receive benefits?	Yes	No
If you or any member of your household was 62 years or older on 01.31.2010 and do not have a social security number, were you/they receiving HUD rental assistance somewhere else?	Yes	No
If so, please explain:		

Residential History (attach additional pages if necessary):

Current Address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	



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Previous Address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Co-Applicant current address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Co-Applicant Previous address:

Street Address:	City:	State:	Zip code:
How long residing:	Do you Rent or Own?	Monthly Rent/Mortgage amt?	Reason for leaving?
Landlord Name:	Landlord Phone No:	Landlord Address:	

Medical Expenses: The following medical information applies ONLY to household whose head of household, spouse or co-head are elderly (62 or older) or persons with disabilities:

Do you or any member of your household have any medical expenses that are paid directly by you? (co-pays, insurance premiums, dental procedures, eye care etc.	Yes	No
If Yes, please list any medical expenses you anticipate during the next 12 months:		
Household Member Name:	Provider (Dr., Insurance, Pharmacy, etc.)	Estimated annual cost :



Preference List :

Do you currently live in the City of East Tawas or Tawas City?	Yes	No
Do you currently live in Iosco County?	Yes	No
Do you currently live in the State of Michigan?	Yes	No
Are you currently age 62 or older?	Yes	No
Are you currently 55 or older?	Yes	No
Are you currently handicap/Disabled?	Yes	No
Are you a Veteran?	Yes	No
Are you currently homeless?	Yes	No
Are you currently working a minimum of 15 hours per week? Currently unemployed AND receiving unemployment compensation benefits regardless of current housing status?	Yes	No
Are you a NON-SMOKER?	Yes	No

Income information for all household members:

In the next 12 months, do you or anyone in your household receive or expect to receive income from the following sources?

Employment/wages:	Yes	No
Self-employment or Business Income	Yes	No
Social Security/SSI or SSDI	Yes	No
State Supplemental Income (SOM \$42 quarterly or \$168.00 annually)	Yes	No
Pension/Retirement/Annuity	Yes	No
Veteran's Benefits	Yes	No
Unemployment Compensation	Yes	No
Public Assistance/TANF/ADFC general Assistance (not SNAP or Food Benefits)	Yes	No
Child Support	Yes	No
Alimony	Yes	No
Insurance Settlement Payments	Yes	No
Worker's Compensation	Yes	No
Regular Payment or financial help from anyone outside your household	Yes	No
Regular Payments from inheritance	Yes	No
Regular payment from lottery winnings	Yes	No
Income from rental property or real estate	Yes	No
Student Financial Aid	Yes	No
Other income not listed above	Yes	No
If so, please explain:		

For all sources of income checked, YES above, please complete the following information. Use gross amount before any deductions. All income will be verified when your application is processed.

Household Member Name	Source of income (see above)	Annual/monthly or weekly amount



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Do you or any member of your household expect any changes to your income in the next 12 months?	Yes	No
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If so, Please Explain:

Asset information for all household members, do you or any member of your household have any of the following assets?

Saving accounts	Yes	No
Checking accounts	Yes	No
Certificate of Deposits	Yes	No
Stocks/bonds	Yes	No
Property or homeowner	Yes	No
Annuity/Life Insurance	Yes	No

I understand that management is relying on this information to prove my household's eligibility for HUD and/or LIHTC programs. I certify that all of the information provided for this applications, questions are truthful and complete to the best of my knowledge. I consent to the release of necessary information for determine eligibility. I understand that providing false or inaccurate statements or information may be grounds for denial of my application. I authorize my consent to have management or management's agent verify the information contained in tis application for the purpose of eligibility for occupancy. I will provide all necessary information where applicable and additional information as required to complete this process. I understand that my occupancy is contingent on meeting management's resident selection criteria, and all HUD and/or LIHTC program requirements, I further understand that management's verification of information does not entitle me to occupancy until such time that I have been notified as approved and offered housing.

All household members over the age of 18 must sign and date the application.

X

Head of Household Signature
Please Date: _____

X

Co-Applicant Signature
Please Date: _____

Attachments:

- Federal Private Act Statement
- Resident Emergency Information
- Medical Information
- Checklist MSHDA Programs
- Citizen/Non-Citizen Declaration
- Race and Ethnic Data reporting form
- Release of information form
- RHIIIP "what you should know about EIV"
- Notice of Occupancy Rights Under the VAWA from 5380
- Certification of Domestic Violence, Date Violence, Sexual Assault or Stalking and Alternative Documentation from 5382

