

**Saginaw Housing
Commission**

**APPLICATION
PACKET**

Saginaw Housing Commission
1803 Norman Street, P.O. Box 3225
Saginaw Michigan 48605-3225
Phone: (989) 755-8183 FAX: (989) 754-3139
TDD: (989) 755-1880

Application Instructions: Please Read Carefully. Each applicant must complete the application and forms in this packet. Incomplete packets will not be processed. If you are a person with disabilities, you may seek assistance with the completion of this application at the Administrative Office. This application may be returned to the Saginaw Housing Commission Administrative Office located at: **1803 Norman Street, Saginaw, Michigan 48605** for processing.

If the application is incomplete, the Application Specialist will tell you what information you need to submit to complete the process. You will have a maximum of 30 days to submit this information. After 30 days, you must reapply.

To be **eligible** an applicant must:

- a) Be a family as defined in this packet;
- b) Meet HUD requirements of citizenship or immigration status;
- c) Have an annual gross income at the time of admission that does not exceed the income limits included in this packet; and
- d) Provide documentation of Social Security numbers and birth certificates for all family members.

To be **suitable** an applicant must:

- a) Be eligible; and
- b) Meet the screening requirements of the Saginaw Housing Commission that relate to the applicant's ability to comply with the lease.

Be sure to provide your complete address and telephone number. If you do not have a telephone, provide a phone number where messages can be left for you. If you move from your present address, or change your phone number, it is your responsibility to contact the Saginaw Housing Commission with your new information.

Applications will be entered onto a computerized waiting list in the order that the applications have been received by date and time. You will receive a notice regarding an application interview within 14 days, and a notice of eligibility within 30 days of your interview.

When a unit is available for occupancy, and your name is near the top of the waiting list, the Housing Operations Department will screen you for suitability. Screening may include, but is not limited to inquiries of the National Sex Offender Public Registry, the Michigan Public Sex Offender Registry, the Offender Tracking Information System (OTIS), the State of Michigan Internet Criminal History Access Tool (ICHAT), a Saginaw County Criminal Records, previous SHC account history, TRANSUNION credit reporting agency, previous rental history, and a home visit. Screening is conducted for all members of the household 18 years of age and over, as well as live-in aides.

The Saginaw Housing Commission will call or write you to make an offer of housing once your name reaches the top of the waiting list, and you have been determined suitable. If an applicant accepts the offer, your application will be processed for leasing. If the offer is refused, your application will be dropped to the bottom of the waiting list.

HOUSEHOLD INCOME INFORMATION

Complete for all money received by all household members. Recent proof of income will be required. (Examples: check stubs, budget sheets, award letters, bank statements, child support print outs)

Source of Income	Yes	No	Household Member	Monthly Amount
FIA				
Food Stamps				
FIA Case Number			Case Worker	
Employment				
Unemployment				
Self-Employment (examples: Chore Provider, Child Care Provider), others please explain.				
Social Security				
SSI or State Disability				
Workers Compensation				
Child or Spousal Support				
Pension/Retirement				
Veteran's Benefits				
Military Pay				
Training				
Educational Loans, Grants, Scholarships, Work Study				
Other, Explain				

ASSETS

Source of Asset	Yes	No	Household Member	Account Number
Checking Account				
Savings Account				
Trust Funds				
Stocks/Bonds				
CD's/Money Market Accounts				
Retirement Accounts				
Property				
Life Insurance				
Other (please explain)				

ALLOWANCES/DEDUCTIONS

(Circle Appropriate Response)

Is the head of household or spouse age 62 or older or a person with a disability?*	YES	NO
Do you wish to claim disability status?	YES	NO
Do you need any special unit features?	YES	NO
Do you need any special methods of communication?	YES	NO
Do you employ a Care Provider for a child 12 years or under or for a disabled person?	YES	NO
*If the head of household or spouse is 62 years of age or older or disabled, does any household member pay for medications, medical treatments, medical insurance, or prescribed appliances and/or medications which are not reimbursed?	YES	NO

HISTORY

List your rental history for the past seven (7) years. Begin with the most current residence.

Address	
Dates Rented	
Landlord Name	
Landlord Address	
Landlord Phone Number	

Address	
Dates Rented	
Landlord Name	
Landlord Address	
Landlord Phone Number	

Address	
Dates Rented	
Landlord Name	
Landlord Address	
Landlord Phone Number	

(Circle Appropriate Response)

Have you or any member of your household listed on this application ever been arrested or convicted for any drug-related criminal activity?	YES	NO
Have you or any member of your household listed on this application ever been arrested or convicted for any felonious violent criminal activity?	YES	NO
Is anyone in your immediate family currently on parole/probation?	YES	NO
Have you or any other household members listed rented from the Saginaw Housing Commission, or have you or any other household members listed lived in any other assisted housing programs?	YES	NO
Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?	YES	NO

APPLICANT(S) CERTIFICATION

I/We certify that the information given to the Saginaw Housing Commission on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

(All members of the household 18 years and older must sign this application.)

Signature of Head of Household Date

Other Adult Member of Household Date

Signature of Co-Head of Household Date

Other Adult Member of Household Date

Office Use Only: _____ _____ _____ _____ _____ _____ _____ _____

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INCOME LIMITS FOR ADMISSION	
Number of Persons	Income Limit for Admission
1	\$ 31,250
2	35,700
3	40,200
4	44,650
5	48,200
6	51,800
7	55,350
8+	58,950

Source: U.S. Department of Housing and Urban Development (Effective 03/08/2006)

DEFINITIONS OF FAMILY FOR ADMISSION

1. A **family with or without children**. Such a family is defined as two or more persons related by blood, marriage, adoption or other operation of law, or two or more persons who are not so related but will live together in a stable relationship and share resources.
 - a. Children temporarily absent from the home due to placement in foster care are considered family members.
 - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
2. An **elderly family**, which is:
 - a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;
 - b. Two or more persons who are at least 62 years of age living together; or
 - c. One or more persons who are at least 62 years of age living with one or more live-in aides.
3. A **near-elderly family**, which is:
 - a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;
 - b. Two or more persons, who are at least 50 years of age but below the age of 62, living together; or
 - c. One or more persons, who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
4. A **disabled family**, which is:
 - a. A family whose head, spouse, or sole member is a person with disabilities;
 - b. Two or more persons with disabilities living together; or
 - c. One or more persons with disabilities living with one or more live-in aides.
5. A **displaced family**, which is a family in which each member or whose sole member is a person displaced by government action or a declared natural disaster.
6. A **remaining member of a tenant family**, which is a member who was listed on the lease of a public housing unit and is the only family member still remaining in the unit. A child may remain in the unit as a remaining family member if the SHC permits an adult to join the household as a new head of household.
7. A **single person** who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.

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In order to complete your application packet, the following information must be provided: (To be completed by Saginaw Housing Commission representative.)

- Picture Identification (State Driver's License and/or Identification)

- Social Security Cards for all family members

- Birth Certificates

- Proof of income

- Current Landlord Information

- Previous Landlord Information

- Previous Addresses

- Income Information

- Asset Information

- Allowance Information

The above checked information must be provided by _____
(SHC Indicate Date)

The above checked information must be provided to _____
(SHC Representative)

The above information has been explained to me and I understand what information must be provided. If information is not provided timely, my application will be withdrawn and I will have to reapply for housing.

Applicant Signature

Date

SHC Representative

Date