# Saginaw Housing Commission

*Access to Affordable Housing Opportunities*

Dear Applicant:

Thank you for having an interest in The Saginaw Housing Commissions Public Housing Program. Attached is the application for housing. Please fill it out entirely. There are multiple pages that need your signature.

In order to process the application, we will need a copy of your Government Issued ID and Social Security Card. This is required for anyone over 18 years of age that will be living in the unit.

We cannot process the application without copies of your Government Issues ID or Social Security Card.

Thank you,

The Saginaw Housing Commission

EQUAL HOUSING OPPORTUNITY

1803 NORMAN STREET ▪ P.O. BOX 3225 ▪ SAGINAW, MICHIGAN 48605-3225
PHONE: (989) 755-8183 ▪ FAX: (989) 754-3139 ▪ TDD/TTY: (989) 755-1880

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

Date/Time Stamp Upon Receipt (SHC USE ONLY)

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, you may call 989-755-8183, ext. 229.

Only one application is required for all Saginaw Housing Commission Properties. Applicants will be placed on the waiting list according to the date and time the completed application is received.

The Saginaw Housing Commission will assign families on the waiting list according to the bedroom size for which the family qualifies.

HEAD OF HOUSEHOLD

| Last Name | First Name | Phone # | Other Ph. # |
|---|---|---|---|
| | | | |
| Current Address | City, State, Zip | E-mail Address | |
| | | | |

Do you or a member of your household need a unit with accessibility features? ☐ Yes ☐ No

Race (Check all that apply)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander

Ethnicity (Check one box)

- ☐ Hispanic
- ☐ Non-Hispanic

HOUSEHOLD MEMBERS

List information for adults first then list children under age 18.
Use “F” or “M” to indicate sex.
List the relationship of each person to the Head of Household.

| | Last Name | First Name | M/I | Date of Birth | Sex | Social Security Number | Relationship to Head | Disabled |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | SELF | ☐ yes ☐ no |
| 2 | | | | | | | | ☐ yes ☐ no |
| 3 | | | | | | | | ☐ yes ☐ no |
| 4 | | | | | | | | ☐ yes ☐ no |
| 5 | | | | | | | | ☐ yes ☐ no |
| 6 | | | | | | | | ☐ yes ☐ no |
| 7 | | | | | | | | ☐ yes ☐ no |

Are you or any member of your household subject to registering on the lifetime sex offender register in any state?

_____ yes _____ no.

FAMILY INCOME AND ASSETS

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

| Name | Gross Income | How Often? | Source of Income<br>If Income is from Wages<br>List Name and Address of Employer |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List total cash value and total income received for assets owned by all family members.

| Type of Asset | Cash Value of Asset | Annual Income Received from Asset |
|---|---|---|
| Checking Accounts | | |
| Savings Accounts | | |
| Stocks, Bonds, CDs, Investment | | |
| Real Estate | | |
| Other | | |

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.

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

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## AUTHORIZATION for Release of Information

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8 and/or 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. I also consent for HUD or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquires that may be requested, include but are not limited to:

Identity and Marital Status
Medical and Child Care Allowances
Residences and Rental Activity
Employment, Income, and Assets
Credit and Criminal Activity

**GROUP OR INDIVIDUAL 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 Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Financial Institutions
Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Child Support/Alimony Providers
Utility Companies
Credit Providers/Credit Bureaus
Retirement Systems
Veterans Administration
Medical and Child Care Providers

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have the right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

| | | |
|---|---|---|
| Head of Household | (Print Name) | Date |
| Spouse | (Print Name) | Date |
| Adult Member of Household | (Print Name) | Date |
| Adult Member of Household | (Print Name) | Date |

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

"Equal Housing Opportunity"

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization**: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

| | |
|---|---|
| **Applicant Name:** | |
| **Mailing Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **Name of Additional Contact Person or Organization:** | |
| **Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **E-Mail Address (if applicable):** | |
| **Relationship to Applicant:** | |

**Reason for Contact:** (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

| | |
|---|---|
| | |

**Signature of Applicant** **Date**