

## GLADSTONE HOUSING COMMISSION

217 Dakota Avenue  
Gladstone, MI 49837  
Phone: (906) 428-2215  
Fax: (906) 428-1677

Email: [gladstonehousing@themanors.org](mailto:gladstonehousing@themanors.org)  
Website: [www.gladstonehousing.org](http://www.gladstonehousing.org)

For Office Use Only

|                  |
|------------------|
| Received: _____  |
| Refusal 1: _____ |
| Refusal 2: _____ |
| Refusal 3: _____ |

### PRELIMINARY APPLICATION FOR HOUSING

**INSTRUCTIONS:**

1. PLEASE ANSWER ALL QUESTIONS AND SIGN THIS APPLICATION AND ATTACHED AUTHORIZATIONS OR THEY WILL BE RETURNED TO YOU.
2. YOU MUST NOTIFY US OF ANY ADDRESS OR FAMILY COMPOSITION CHANGES. IF WE CANNOT CONTACT YOU, YOUR NAME WILL BE REMOVED FROM OUR LIST.
3. IF YOU HAVE ANY QUESTIONS OR PROBLEMS COMPLETING THIS FORM, CONTACT OUR OFFICE.
4. PLEASE PRINT LEGIBLY OR TYPE.

#### **Applicant (Head of Household) Information**

|   |                          |                 |
|---|--------------------------|-----------------|
| Name:   |                          | Maiden Name:    |
| Date of birth:  | SSN:                     | Place of birth: |
| Current address:  |                          | Phone:          |
| City:   | State:                   | ZIP Code:       |
| Own    Rent    (Please circle one)  | Monthly payment or rent: | How long there? |
| Reason for leaving current address:   |                          |                 |
| Previous address (if at current address less than 5 years):                           |                          |                 |
| City:   | State:                   | ZIP Code:       |
| Owned    Rented    (Please circle one)  | Monthly payment or rent: | How long there? |
| Reason for leaving previous address:  |                          |                 |
| Have you ever lived in Subsidized Housing before?    Yes    No    (Please circle one) |                          |                 |
| If yes, where?  |                          | When?           |
| Have you ever been evicted from Housing?    Yes    No    (Please circle one)          |                          |                 |
| If yes, please explain:   |                          |                 |
| When would you be interested in an apartment:   |                          |                 |

#### **Applicant Income Information**

Please list all income. For pensions, wages and non-wage, please list name of company income is received from.

|                  |                 |
|------------------|-----------------|
| Social security: | SSI:            |
| Pension:         | Disability:     |
| Wages:           | Other non-wage: |

#### **Emergency Contact Information**

|   |        |      |        |
|---|--------|------|--------|
| Name of a person not residing with you: |        |      |        |
| Address:                                |        |      |        |
| City:                                   | State: | ZIP: | Phone: |
| Relationship:                           |        |      |        |

**Additional Household Member Information**

|   |                          |                 |
|---|--------------------------|-----------------|
| Name:   |                          | Maiden Name:    |
| Date of birth:  | SSN:                     | Place of birth: |
| Current address:  |                          | Phone:          |
| City:   | State:                   | ZIP Code:       |
| Own    Rent    (Please circle one)  | Monthly payment or rent: | How long there? |
| Reason for leaving current address:   |                          |                 |
| <b>Previous address (if at current address less than 5 years):</b>                    |                          |                 |
| City:   | State:                   | ZIP Code:       |
| Owned    Rented (Please circle one)   | Monthly payment or rent: | How long there? |
| Reason for leaving previous address:  |                          |                 |
| Have you ever lived in Subsidized Housing before?    Yes    No    (Please circle one) |                          |                 |
| If yes, where?  |                          |                 |
| Have you ever been evicted from Housing?    Yes    No    (Please circle one)          |                          |                 |
| If yes, please explain:   |                          |                 |

**Additional Household Member Income Information**

Please list all income. For pensions, wages and non-wage, please list name of company income is received from.

|                  |                 |
|------------------|-----------------|
| Social security: | SSI:            |
| Pension:         | Disability:     |
| Wages:           | Other non-wage: |

**Personal References**

**Please fill out three personal references below.**

| Name | Address | Phone |
|------|---------|-------|
|      |         |       |
|      |         |       |
|      |         |       |

**Family Asset Information**

|                                      |          |
|--------------------------------------|----------|
| Real Estate Assessed Value (SEV)     | \$ _____ |
| Savings Account(s)                   | \$ _____ |
| Checking Account(s)                  | \$ _____ |
| Certificates of Deposit (CD)         | \$ _____ |
| Life Insurance                       | \$ _____ |
| Stocks, Bonds, Annuities             | \$ _____ |
| Other Assets (please describe below) |          |
| _____                                | \$ _____ |

Is anyone in the household disabled? Yes No (Please circle one)

If yes, please indicate the family member and the special accommodations needed for the disability: \_\_\_\_\_

You must meet the income guidelines set by HUD to be eligible to live in our apartments. Current Income Limits are \$31,000 for a single person and \$35,400 for a couple.

Why are you applying for housing? \_\_\_\_\_

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility for public housing. **I further understand that this is not a contract and does not bind either party.** The information contained in this application is full, true and complete to the best of my knowledge and I understand that my selection for public housing will be contingent upon the housing authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained from the PHA and possible prosecution under the law.

**I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.**

**Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the U.S. as to any matter within its jurisdiction.**

Signature of applicant:

Date:

Signature of additional family member:

Date:

Please return this application to:

Gladstone Housing Commission  
217 Dakota Avenue  
Gladstone, MI 49837



## AUTHORIZATION For Release of Information

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Gladstone Housing Commission any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, 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.

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

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

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

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD 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 Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

|                     | <u>SIGNATURES</u> | <u>PRINTED/TYPED NAME</u> |             |
|---------------------|-------------------|---------------------------|-------------|
| Applicant:          | _____             | _____                     | Date: _____ |
| Co-Applicant:       | _____             | _____                     | Date: _____ |
| Other Adult Member: | _____             | _____                     | Date: _____ |

**Warning:** Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the U.S. as to any matter within its jurisdiction.



**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 08/31/2016.

**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.

**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.

|  |  |                  |             |                         |  |
|--|--|------------------|-------------|-------------------------|--|
| <p><b>This Notice was provided by the below-listed PHA:</b></p> <p style="margin-left: 20px;"><b>Gladstone Housing Commission</b><br/>                 "Bayview and Fairview Manors"<br/>                 217 Dakota Avenue<br/>                 Gladstone, MI 49837</p> | <p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td style="border: none;"><br/><b>Printed Name</b></td> <td style="border: none;"></td> </tr> </table> | <b>Signature</b> | <b>Date</b> | <br><b>Printed Name</b> |  |
| <b>Signature</b>   | <b>Date</b>  |                  |             |                         |  |
| <br><b>Printed Name</b>  |  |                  |             |                         |  |

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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.