



Saranac Housing Commission

203 Parsonage Street • Saranac, Michigan 48881

Application Instructions

Angela Stephens
Executive Director

September 19, 2023

Dear Applicant:

Here is our application. In the packet you will find a brochure describing our project, the application, and the procedures involved in the application process.

The forms must be read thoroughly, signed, dated, and returned with the application. Fill out all forms in ink. **Do not leave any blank spots on the application, write *None* in those spots. Please be sure all the areas of the application are filled out completely in ink and mailing addresses are supplied wherever necessary.** If you need more room, you may write the information down on a separate piece of paper.

Please bring proof of your income and assets that you have written on the application as well as an address history for the past five years.

When you have completed the application, **mail or deliver it in person to the Saranac Housing Commission.**

If it looks like you may qualify, you will be placed on a temporary waitlist. We will call you to set up an interview for final eligibility determination. At that time, we will complete the required paperwork to verify your household income, expenses, and other information by using third party verifications.

If you have any questions about the application, please give me a call at (616) 642-9832.

Sincerely,

Tracy Devries
Administrative Assistant
616-642-9832 ext 201
tdevries@saranachc.org



FY 2024 Income Limits Summary

FY 2024 Income Limit Area	Median Income	FY 2024 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Ionia County	\$89,900	Extremely Low (30%) Income Limits (\$)	17,900	20,450	25,820	31,200	36,580	41,960	47,340	52,720
		Very Low (50%) Income Limits (\$)	29,800	34,050	38,300	42,550	45,950	49,350	52,800	56,200
		Lower (80%) Income Limits (\$)	47,650	54,450	61,250	68,050	73,500	78,950	84,400	89,850

From: HUD Data Sets - Income Limits

effective 4/01/2024

SARANAC HOUSING COMMISSION
203 S. Parsonage St.
Saranac, MI 48881
(616) 642-9832 / Relay 711

Dear Applicant:

Thank you for your interest in Saranac Housing Commission. Attached is an Application for Tenancy packet. Because of the HUD Public Housing Program and their Section 8 subsidy program through which the property is funded, applicants must meet certain qualifications for admission to Saranac Housing Commission. Head of household, spouse, or co-head must be 18 years of age or older to apply OR an emancipated minor under state law at the time of application.

Particular income limits determined by the Department of HUD do apply (*please review the income limits on the following page*). Those who qualify for this program type will pay 30% of his/her monthly income toward rent and utilities. Heat, water, and gas utilities along with trash services are included in the rent or utility allowances will be given depending on what apartment you qualify for. All apartments are unfurnished one-, two-, and three-bedroom units equipped with refrigerator, stove, and bedroom shades. Some of the units are modified for accessibility to some degree.

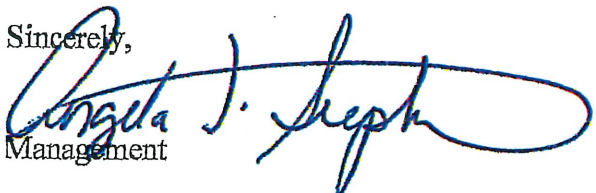
Saranac Housing Commission will house applicants on a first-come, first-serve basis from our waiting list (*please see Extremely Low Income Policy on the next page*). Please understand that because we work with a waiting list you may not be able to choose the location of the apartment. When an applicant's name reaches the top of our Waiting List we will offer the next available apartment. If you do not accept the available apartment, your name can be dropped to the bottom of the Waiting List. Three times you refuse a unit your name will be removed from the waiting list.

Saranac Housing Commission does not provide "assisted living, nursing services, or personal care". Residents must be capable of fulfilling lease requirements by themselves or arrange on their own for needed services to be provided by outside agencies. This application requires specific information. **Failure to provide proper documents and/or verification will result in the rejection of your application and/or delay in processing.**

Completed applications can be delivered to our office in person during regular business hours, Monday through Friday, or via first class mail. Remember that the applicant packet must contain the original signatures of all persons applying to reside in the unit. To see a typical apartment please contact the office for an appointment. **Please be advised that it is your responsibility to update your information, phone number, and other changed information on your application. This must be done in writing.**

Upon receipt you will be notified if it appears you have initially qualified for tenancy, and if your name has been placed on the Waiting List. Applicants will not be interviewed until this has been completed. If you have any questions concerning the applicant packet or our facility, please feel free to contact our Rental Office at (616) 642-9832 or state TTY 711.

Sincerely,


Management

NOTIFICATION TO PROSPECTIVE RESIDENTS OF SUBSIDIZED HOUSING

Thank you for your interest in becoming a tenant of **Saranac Housing Commission**. Tenancy is open to all qualified eligible persons without regard to race, color, religion, sex, marital status, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes. The attached application has been designed to be self-explanatory and all information is strictly confidential. We will calculate your adjusted income from the information you provide on the attached application. HUD requires that we give priority in renting Section 8 units to applicants on the outside Waiting List whose income meets the Extremely Low income limits for our area. **The current income limits are attached to this application.**

Extremely Low Income Limit Policy:

If management determines that following **Saranac Housing Commission** waiting list in standard chronological order may not (or will not) achieve the admissions necessary to meet the income-targeting requirement, then management must implement procedures that will ensure compliance. Management will implement the procedure of alternating between the first extremely low-income (ELI) applicant on the waiting list and the applicant at the top of the waiting list. To implement this method, management will select the first extremely low-income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the waiting list (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

Enterprise Income Verification (EIV):

HUD now requires all income verification of employment, unemployment, and social security benefits be processed through the **Enterprise Income Verification (EIV)** system for current residents. Additionally, management has the option of using the Existing Resident Search option within the **EIV** system for determining if new residents are currently receiving subsidy elsewhere. If you become a resident of **Saranac Housing Commission**, we will verify your applicable income information through the use of this system. The Income Reports in **EIV** contain the social security numbers (SSNs), full dates of birth, first and last names, and physical address of tenant families. This is all sensitive information that **must not** be handled carelessly. Therefore, **Saranac Housing Commission** realizes that it must be careful not to share this information with anyone who is not authorized to have it. Please review **Saranac Housing Commission' EIV Policy** for further information regarding staff access, EIV Coordinator role, physical and administrative safeguards. Management does utilize the features of the Existing Resident search feature within the **EIV** system for new move-ins to the property.

Repayment Agreements with HUD Assisted Facilities:

Due to changes with HUD regulations, each HUD assisted facility will now need to track repayment agreements any current or former residents have with any HUD-funded property. Because of this, the application now contains questions regarding if monies are due to existing or prior landlords and/or to HUD. Applicants **MUST** answer the repayment agreement questions in order to have their application processed. Failure to answer these questions, or leave parts of the application blank, may result in the rejection of the applicant for incomplete information.

Proof of Social Security Numbers & Citizenship Declaration:

HUD now requires all persons applying for **Section 8** housing to provide proof of Social Security numbers as well as declaration of citizenship for all household members. All family members, regardless of age, must declare their citizenship or immigration status. U.S. citizens must sign a declaration of citizenship document. According to **Federal Register 24 CFR Part 5**, beginning on January 31, 2010 owners were required to obtain verification of a signed declaration of U.S. citizenship or U.S. nationality for each household member. For U.S. citizens or U.S. nationals, the evidence consists of a signed declaration of U.S. citizenship or U.S. nationality. For all applicants, management will obtain verification of the declaration by requiring presentation of a U.S. passport, U.S. birth certificate, employment authorization card, or other appropriate documentation as provided by Section 214. For non-citizens, adequate evidence consists of a signed declaration of eligible immigration status, and one of the Section 214 eligible documents. For noncitizens, **Saranac Housing Commission** is required to verify with the **Department of Homeland Security (DHS)** the validity of documents provided by applicants. Applicants who hold a noncitizen visa are ineligible for assistance, as are any noncitizen family members living with the student.

Applicants must provide documentation of SSNs in order to be eligible for subsidy at **Saranac Housing Commission**. Adequate documentation means a social security card issued by the **Social Security Administration (SSA)** or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. According to **Federal Register 24 CFR Part 5**, all social security numbers for an applicant's household must be verified using appropriate documentation before the household may be admitted into the project.

Bed Bugs:

Saranac Housing Commission recently adopted the policy of screening applicants for the presence of bed bugs prior to admittance to the property as well as screening current residents for bed bug issues. If an applicant has had problems with these at their current residence, they **must** advise **Saranac Housing Commission** of this prior to being offered an apartment. Please note: This will not prevent the applicant from getting an apartment, however **Saranac Housing Commission** will not offer the applicant an apartment until they can provide us with proof that their current residence and all of their belongings including clothes, furniture, bedding etc. have been properly treated to eliminate any presence of bedbugs. If an applicant has a problem and does not advise **Saranac Housing Commission** then and brings the problem into the building, the new tenant may be in violation of their lease agreement/ attachments. A resident's failure to report a problem will also be considered a violation of their lease agreement.

Smoke-Free Facility:

To insure the quality of air and the safety of residents of the **Saranac Housing Commission** and the Saranac Non-Profit Housing Corp., are declared smoke-free property. Smoking is not permitted in any area of the buildings including apartments. All tenants, employees and guests must abide by the following rules and regulations. Definition of Smoking: "Smoking" means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, pipe, or other lighted smoking device (including e-cigarettes) for burning tobacco or any other plant. In accordance with the following schedule as of April 1, 2017; smoking is not permitted anywhere in the building, including apartments, and within 25 ft. from any building. All residents, all employees, and all guests of the Saranac Housing Commission and the Saranac Non-Profit Housing Corp. must abide by the Smoke Free Policy. Failure of any resident to not follow the Smoke-Free Policy will be considered a Lease violation. Three smoking lease violations will be an automatic eviction. Grand Fathering; current lease holders will be allowed to smoke in their apartments ONLY until January 1, 2018. All other areas of the building and outside within 25 ft. from any building will be smoke free as of April 1, 2017.

Violence Against Women Act (VAWA) Rights:

Under the Violence Against Women Act (VAWA), applicants and residents have rights and protections as victims of domestic violence, dating violence, sexual assault, or stalking. If there is a member of your family who is a victim or survivor of domestic violence, HUD has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2013 protections apply to families (adults and children) applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-5382, Certification of Domestic Violence. Additionally, Notification of Occupancy Rights and Certification forms under VAWA will be given to applicants during the move-in process as well as to when assistance is being denied to an applicant household. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

APPLICATION PROCEDURES

1. You must file your application at the office, either by mail or in person, after which you will be notified of your eligibility. The application must be fully completed. An interview will be scheduled.
2. When the applicant comes to the top of the waiting list, s/he will be interviewed. When an apartment becomes available they will be offered the available apartment unit. If possible the notification will be thirty (30) days in advance. An applicant may turn down an apartment offer, but will go to the bottom of the waiting list. If applicant turns down an apartment for the third time, they are removed from the Waiting List unless there are verifiable medical reasons.
3. If notified by phone, you must accept the offer within forty-eight (48) hours of the phone call.
4. If notified by mail, you must respond within seven (7) working days by telephone or by coming into the office.
5. You must complete the appropriate verification forms needed to complete and approve your application for tenancy within five (5) working days.
6. Having your application processed is not a guarantee of acceptance for tenancy at **Saranac Housing Commission**.
7. At lease signing, the resident pays all of the security deposit and the first payment of the pet deposit (if applicable); and either full month's rent or the pro-rated rent for the remainder of the current month. The resident receives keys and possession of the unit immediately and may move in at any time.
8. If you have a disability and you need a reasonable accommodation or modification in order to comply with the requirements of the application process, please bring this fact to the attention of Management. **Saranac Housing Commission** is committed to serving all eligible and qualified individuals.
9. For further processing information please see our Tenant Selection Plan (TSP) for the Admissions and Continued Occupancy Plan (ACOP). Or contact the Rental Office at **(616) 642-9832**.

REJECTION CRITERIA

1. Your family income (using the HUD definition of income) is over the applicable income limits published by HUD.
2. You have derogatory or unsatisfactory credit history as reported by a Credit Reporting Agency; unsatisfactory includes, but is not limited to, late payment of obligations, judgments, bankruptcy.
3. You or another household member have negative Criminal History including a felony, registration as a lifetime sexual predator/offender, or history of drug or alcohol abuse which may interfere with residents' rights to peaceful enjoyment of the premises. (Please review Resident Selection and Screening Criteria.)
4. Negative references from prior landlords, including poor housekeeping habits, or evidence of gang or illegal substance activity.
5. Submission of false or untrue information on your application, or failure to cooperate, in any way, with the verification process.
6. Inappropriate household size for the available unit.
7. You or another family member, are not a citizen, national or eligible as a non-citizen to pay an "assisted" rent where applicable.
8. Failure to sign designated forms and/or documents upon request, including the lease.
9. Applicant has a pet that does not conform to management's or HUD's Pet Rules.
10. By HUD formula you cannot show a need for the subsidy assistance (where applicable).
11. You are not capable of fulfilling the lease agreement, with or without assistance.
12. You have repeatedly (up to three times) been offered a housing unit, and for other than a verified medical reason, you have refused to take the unit offered.
13. This will not be your only residence and you will pay an assisted rent.
14. Inability to disclose and document all Social Security Numbers in the household.
15. Applicant or member of family has been previously removed for trespassing from the apartment community by management or the local Police Department.
16. The applicant/family is not eligible for the HUD program and/or assistance.
17. You or your household is comprised of students who do not meet the exception requirements per HUD (please refer to the TSP for further information).

WARNING: *This application may be refused or rejected solely on the grounds that it is not complete and/or legible, or if any information is found to be false.*



Saranac Housing Commission

203 Parsonage Street • Saranac, Michigan 48881

Angela Stephens
Executive Director

Items Needed For Application

- 1) **Birth Certificates for each family Member and proof of name change.**
 - a) If your name is different from what's on your birth certificate, you'll need to bring in a certified name change document, such as a marriage license and/or a court order (like a divorce decree that's certified). Multiple documents may be needed if your name has changed more than once. Name change documents must show both the changed name and previous name.
- 2) **Social Security Card for each family Member.**
- 3) **Picture ID for anyone over the age of 18.**
- 4) **Address History for the past 5 years.**
 - a) If you have rented – Provide the landlords name/mailling address/phone/fax number. Also provide the address where you rented.
 - b) If you stayed with someone – Provide their name/mailling address/phone number.
- 5) **3 Personal references** – someone not related to you. Providing their **name/mailling address/phone number.**
- 6) **Proof of income:** some examples: **Social Security letter, SSI letters**, most recent 4 to 6 **paycheck stubs**, 12-month printout from **Friend of the Court for Child Support, pension statements**, any 1099's, 1040's and/or W2's from previous year and most recent **food or cash assistance letter.**
- 7) **Proof of assets:** some examples: **Pay card and Direct Express Debit card balance**, 6 months of checking account **statements, Most recent saving account statement, investment statements (CD's, 401K or annuities)**, value of home and mortgage payoff, Stocks, savings bonds, and **Whole Life Insurance Policies.**
- 8) **Proof of expenses/deductions:** some examples:
 - a) If **62 or older or disabled or handicapped** **medical expenses** (regular re-occurring medical bills - doctor, dentist bills, optical, etc. and/or payment arrangements, health insurance premiums/bills, prescriptions.
 - b) **If working or going to school – daycare** receipts to enable you to go to school or be employed. Provide name, mailling address, and phone number of daycare provide.





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

**SARANAC HOUSING COMMISSION
AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Saranac 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 Past and Present Employers Veterans Administration
Public Housing Agencies) Welfare Agencies Retirement Systems
Courts and Post Offices State Unemployment Agencies Banks and other Financial Institutions
Schools and Colleges Social Security Administration Credit providers and Credit Bureaus
Law Enforcement Agencies Medical and Child Care Providers Utility Companies
Support and Alimony Providers

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 recertification. 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>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: ___ Initial ___ Annual ___ Interim Occupancy Specialist _____

Please fill out one per adult family member.



First Advantage

A Symphony Technology Group Company

DISCLOSURE

As part of the application process, Saranac Housing Commission (the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the term of my lease with the Company, I hereby authorize First Advantage on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant Name and Signature

Date

Social Security Number *

Date of Birth *

* For Identification Purposes Only

CA, MN & Oklahoma Residents please note: In connection with the processing of your application, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

Please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your ChoicePoint service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

Account Number: _____

Revised

1/1/2010



First Advantage

A Symphony Technology Group Company

CA Residents please note: In connection with the processing of your application, your credit report will be obtained and reviewed. Under California law, you have a right to receive a free copy of your credit report by checking the appropriate box below. Your credit report will be mailed to you by the credit bureau. Please note that if you elect to receive the entire investigative consumer report, this will include your credit report.

YES, I am a California resident and would like a free copy of my credit report.

Printed Name _____

Street Address _____

City, State, Zip _____

FOR OFFICE USE ONLY

Complete a separate form for each household member who is 18 or older .

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Saranac Housing Commission ("the Company") after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656**; another outside organization acting on behalf of Saranac Housing Commission and/or Saranac Housing Commission itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>New York applicants only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><u>New York City applicants only:</u> You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.</p>
<p><u>Washington State residents only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
<p><u>Minnesota and Oklahoma residents only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ Date of Birth*: _____

Driver's License # _____ State of Driver's License*: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____

E-mail: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Signature: _____ Date: _____

Supplemental and Optional 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.

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)	
<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	
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.	

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

--	--

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.

SARANAC HOUSING COMMISSION
203 S. Parsonage Street
Saranac, MI 48881
(616) 642-9832 / Relay 711

ATTACHMENT 1
Saranac Housing Commission
HCDA Section 214 / Owner's
Notice for Applicant Family

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. **Section 8 Housing Assistance Payments programs;**
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the **Saranac Housing Commission** rental office with your application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the **Saranac Housing Commission** rental office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to

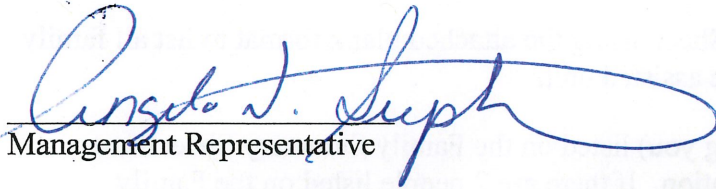
ATTACHMENT 1
Saranac Housing Commission
HCDA Section 214 / Owner's
Notice for Applicant Family
(Continued)

provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,



Management Representative

ATTACHMENT 2
 Saranac Housing Commission
 HCDA Section 214
 Family Summary Sheet

Name: _____

FAMILY SUMMARY SHEET

Under provisions of Section 214 Housing and Community Development Act of 1980, all Tenant families / Applicant families must provide a listing of all persons who are residing or will reside in the assisted housing unit.

Family Member	Last Name of Family Member	First Name	Relation to Head	Sex*	Date of Birth
HEAD					
2					
3					
4					
5					
6					

** Disclosure of this column's information is strictly voluntary*

Signature of Head of Household: _____

Date: _____

ATTACHMENT 3
Saranac Housing Commission
HCDA Section 214
Applicant Declaration Format

CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO _____ DATE OF

HEAD OF HOUSEHOLD _____ SEX * BIRTH _____

SOCIAL _____ ALIEN _____

SECURITY NO. _____ REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

* *Disclosure of this field's information is strictly voluntary*

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA 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).

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 - 1. Form I-551, Permanent Resident Card.
 - 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
 - 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child.

APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH SARANAC HOUSING COMMISSION

Office Use Only:	___ EL Income	___ Very Low Income	___ Low Income
Date/Time Received:	___ Accessible Unit	___ Bedroom Size	
Dates Application Was Updated:			
Date Application Was Withdrawn:			

Instructions to Applicant:

1. All household members must be listed on the applicant, with persons over the age of 18 having signed the application.
2. All lines must be filled in. You may write 'NONE' or N/A in a line, but do not leave a line blank.
3. All information should be complete and correct. False, incomplete, or misleading information will cause your application to be declined. If it is discovered at a later date that the applicant and/or household members misrepresented information, it can be grounds for rejection and/or eviction.
4. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
5. After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Tenant Selection Plan (TSP), your application will be declined.
6. We process your application according to our standard procedures which are summarized in our TSP, available in the Management Office.

1. Household Composition and Characteristics & Family Summary Sheet: (List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)

Mbr. No.	Last Name	First Name	Rel. to HOH	Age	Sex *	Date of Birth	Social Security Number
1			Head				
2			Spouse/Co Head				
3							
4							
5							
6							

**Disclosure of this column's information is strictly voluntary

Current Mailing Address: _____
Street Apt.

City State Zip Code

Home Phone Mobile or Cell Phone

Email Address

2. **Live-In Attendant:** Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant (screening of this person is required including disclosure of their social security number for EIV purposes): _____

3. **Current/Former Housing Status:** Please list your current and last two addresses where you resided or the past 5 years, **plus every state you or any household member has ever lived in.** Verification may be sent to these locations to confirm this information.

Address	City/State/Zip	Dates	Please select:
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

Please list every state each person in the household has ever resided in, by state/household member:

4. **Employment:** Are you or a household member currently employed? Yes No. If yes, give name and address of your employer(s):

Name:	_____
Address:	_____
Telephone:	(Area Code) _____
Name:	_____
Address:	_____
Telephone:	(Area Code) _____

5. Income: Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Time Application is Returned
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			4 to 6 Pay stubs/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Benefit			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support			12 month Printout
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not previously listed?

Yes No. If yes, please describe _____

6. Assets: Do you or any members of your family have any of the following assets?

Answer	Asset	Mbr. #	Current Value	Documentation Needed at Time Application is Returned
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)			Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)			Copy of 6 Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)			Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit			Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment			Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts			Most Recent Statement

Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country?

Yes No. If yes, please list and provide documents with application.

Address _____ Estimated Value
 _____ \$ _____

7. Do you or any members of your household have any **life insurance policies** with permanent cash value? (May be called “whole life,” universal,” or “paid up” coverage.) Yes No. If yes, please list policies below and provide documents with application:

Mbr. #	Name of Company	Policy #	Face Value	Current Cash Value

8. **Student Status;** Are you or any member of your household currently enrolled in an institution of higher education? Yes No

*The updated definition of an **Independent Student** per the Higher Education Act and US Department of Education:*

- a. The individual is 24 years of age or older by December 31 of the award year;
- b. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- c. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- d. The individual is a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or is currently serving on active duty in the Armed Forces for other than training purposes;
- e. The individual is a graduate or professional student;
- f. The individual is a married individual;
- g. The individual has legal dependents other than a spouse;
- h. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by—
 - i. a local educational agency homeless liaison, designated pursuant to section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act;
 - ii. the director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
 - iii. the director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director;
 - iv. a financial aid administrator; or
- i. The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

If Yes, please list family member(s) and institution:

9. Do you have any **dependents** who live with you? Yes No

Do you pay for child care for any **dependents** who live with you? Yes No

If Yes, please list amount, frequency and providers name/address/phone number: _____

10. Do you have **Medicare**? Yes No. Please provide documentation.

Do you have **other medical insurance**? Yes No. If Yes, give the name of the insurance company and your policy number: _____

Are your medical bills paid by insurance? _____

Are you receiving medical assistance through Welfare? _____

If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

11. Have you or any members of your household **disposed of assets** totaling more than \$1,000 for less than fair market value during the past two years? Yes No

If yes, please describe: _____

12. List names, addresses, and phone numbers of three personal references who are not related to you.

Name	Address, City, St., Zip	Phone

13. **Criminal history: Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity, including a violation of the Controlled Substance Act, within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.**

Yes No. If Yes, please explain and name household member:

Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? Yes No. If Yes, please explain and name household member:

Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This includes but is not limited to drug-related criminal activity. Yes No
If Yes, please explain and name household member:

Are you or any member of your household currently engaged in illegal drug use?

Yes No. If Yes, please explain and name household member

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?

Yes No. If Yes, please explain and name household member:

Saranac Housing Commission may prohibit admission of a household to federally assisted housing if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:

- (1) Drug-related criminal activity;
- (2) Violent criminal activity;
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

14. Other Required Information:

*Do you require the features of an accessible unit? Yes No

*Are you disabled, per the Fair Housing definition? Yes No

*Are you or is anyone in your household a U.S. Veteran? Yes No

If yes, please list the household member:

*Are you or is anyone in your household fleeing a Federal or Presidential Disaster and therefore seeking temporary housing? Yes No

If yes, please describe the situation and supply a copy of your FEMA/similar letter:

*Do you plan to use a service or assistance animal in this facility? Yes No

If yes, please describe the animal:

*Do you have a pet you wish to bring onto the property? Yes No

If yes, please describe the animal:

*Do you have a vehicle(s) you wish to bring onto the property? Yes No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of the household? Yes No

*To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? Yes No

If Yes, please list the language and services requested:

*How did you hear about *Saranac Housing Commission*?

- ___ Current resident or resident family member
- ___ Friend
- ___ Employee
- ___ Religious organization
- ___ Information provided by a government agency?
- ___ Advertisement (Where?) _____
- ___ Other _____

15. Enterprise Income Verification (EIV) System Use:

Were you 62 years of age or older before January 31, 2010? Yes No

Did you previously have subsidy or are you currently receiving subsidy? Yes No

If so, please list the housing/facility name, address, and the dates you received subsidy.

16. Repayment Agreements with HUD Facilities:

Is anyone in the household currently in a repayment agreement with HUD and/or a HUD funded property? Yes No. If Yes, please explain the details of the repayment agreement(s), such as property it is with, total amount owed and monthly payment amount, when the agreement was started, and the current status (current, late, past due, etc.):

NOTE: If there is a member of your family who is the survivor of domestic violence, HUD has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2013 (VAWA) protections apply to families (adults and children) applying for or receiving rental assistance payments under the various HUD programs. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-5382, Certification of Domestic Violence. Additionally, Notification of Occupancy Rights and Certification forms under VAWA will be given to applicants during the move-in process as well as to when assistance is being denied to an applicant household. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

NOTE: In the event you wish to designate a person or entity to represent you during the application process, HUD has a form you can voluntarily fill out. 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. Applicants can request HUD-92006 form during the application process.

17. Applicant(s) Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Saranac Housing Commission** in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date _____

Drivers License or State ID#: _____

Signature of Spouse / Co-Head: _____ Date _____

Drivers License or State ID#: _____

Signature of Other Adult: _____ Date _____

Drivers License or State ID#: _____

Signature of Person Assisting the Applicant on Filling-In the Appl. _____ Date _____

Signature of SHC Rep: _____ Date _____

Saranac Housing Commission does not discriminate in any fashion based upon a person's race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, marital status, and any other State protected classes.

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 this verification form is restricted to the purposes 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)



Saranac Housing Commission

203 Parsonage Street • Saranac, Michigan 48881

Landlord/Address History

Please list all address that you resided at within the past 5 years and landlords name and mailing addresses.

Angela Stephens
Executive Director

Date: _____

Client: _____

Current
Address:

1.

4. Address:

From: _____ To: _____

From: _____ To: _____

Rent Amount: _____

Rent Amount: _____

Landlord: _____

Landlord: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Reason for Moving:

Reason for Moving:

2.

Address:

5. Address:

From: _____ To: _____

From: _____ To: _____

Rent Amount: _____

Rent Amount: _____

Landlord: _____

Landlord: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Reason for Moving:

Reason for Moving:

3.

Address:

6. Address:

From: _____ To: _____

From: _____ To: _____

Rent Amount: _____

Rent Amount: _____

Landlord: _____

Landlord: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Reason for Moving:

Reason for Moving:



SARANAC HOUSING COMMISSION INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name: Millcreek Meadows	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income. Deposited to Bank or Card?
8			I receive Supplemental Security Income (SSI). Deposited to Bank or Card?
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include Medicaid). Cash? _____ Food? _____ current amount
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources? _____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

Yes	No	COMPLETE EACH ITEM:		
26		I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____		
27		I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.		
28		I receive other recurring or periodic income not listed above. Describe: _____		
29		I receive student financial assistance (does not include student loans).		
CHILD SUPPORT				
30		I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31		I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.		
32		I anticipate filing a claim for child support within the next twelve months.		
ASSETS (Include all assets held or owned either in or outside of the United States)				
			Cash Value*	Interest Rate**
33		I have a savings account(s) at: _____ (List name(s) of institution)	\$	
34		I have a checking account(s) at: _____ (List name(s) of institution)	\$	
35		I have certificates of deposit at: _____ (List name(s) of institution)	\$	
36		I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____	\$	
37		I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____	\$	
38		I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)	\$	
39		I have cash held in my home or in a safety deposit box.	\$	
40		I have savings bonds. If yes, how many? _____	\$	
41		I have Treasury Bills. If yes, how many? _____	\$	
42		I have stocks, bonds, mutual funds, or securities.	\$	
43		I own a house or mobile home. (Section 8 PBRA Programs only: Is the home suitable for occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$	
44		I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____	\$	
45		I have land contracts. If yes, how many? _____	\$	
46		I hold a mortgage or deed of trust.	\$	
47		I have revocable trusts. If yes, how many trusts? _____	\$	
48		I have whole life or universal life insurance policy(ies). If yes, how many policies? _____	\$	
49		I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).	\$	
50		I have lump sum receipts or one-time receipts.	\$	

	Yes	No	COMPLETE EACH ITEM:			
51			I have assets from sources other than those listed above. Describe: _____	\$		
52			A member of my household is under the age of 18 and has assets. Describe: _____	\$		
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.			
54			I have joint ownership on one or more of the above assets.			

ALLOWANCES / DEDUCTIONS

(Complete the items below for Section 8, Section 236, and Moderate Projects Only)

55			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.		
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.		
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.		
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.		
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.		
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays <input type="checkbox"/> full <input type="checkbox"/> partial.		
61			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.		
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.		

OTHER ITEMS

63			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)		
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SPECIAL CONSIDERATION OF ASSETS

64			Section 8 PBRA Programs only: My household's assets exceed \$100,000+		
65			<p>I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>		

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

X _____
Applicant / Tenant Signature

X _____
Date

Yes NO I or someone in my household smokes, vapes, or uses electronic cigarettes.

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

- Move-In/Initial Certification – All household assets must be 3rd party verified.**
 - 1st Year Annual Recertification – Year: _____ Asset Threshold: \$ _____**
(can be found on huduser.org)
 - 2nd Year Annual Recertification – Year: _____ Asset Threshold: \$ _____**
(can be found on huduser.org)
 - 3rd Year Annual Recertification – All household assets must be 3rd party verified.**
- The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.**

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____ % (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date