

**"POINTING TOWARDS PROGRESS" Pontiac Housing Commission**

CLARENCE PHILLIPS, Mayor  
JANICE TIPTON, President  
HAROLD HOLLAND, Vice-President  
YOLANDA GOMEZ STUPKA, Commissioner  
ALMA V. SHELTON, Commissioner  
MALKIA MAISHA, Commissioner  
FRANKLIN HATCHETT, Executive Director

**132 Franklin Boulevard**  
**Pontiac, Michigan 48341**  
**(248) 338-4551**  
**Fax (248) 338-7996**

**Pre-Application**

Dear Applicant:

Thank you for your interest in the Pontiac Housing Commission's Public Housing sites, Carriage Circle and Woodland Heights.

If you are interested in applying for either Carriage Circle or Woodland Heights, you must be 18 years old or older. Your security deposit and monthly rental amount are based upon 30% of your gross yearly income at both sites.

**Carriage Circle is located at 255 Carriage Circle in Pontiac, and Woodland Heights is located at 120 N. Edith in Pontiac. Direction maps and telephone numbers are located on the back of this application.**

In order to apply at either of the above sites, you must first do the following:

1. Take the application home and fill it out completely.
2. Bring to this office verification to show all source of income. If you are on Social Security, SSI, or FIA you must bring into this office a current copy of your benefits. (A Social Security printout or FIA Budget Letter.) If you are employed, you must have your employer complete an Employment Verification form. If you receive unemployment benefits, you must have the MESC complete an Unemployment Verification form. If you have no source of income, you must get a printout from Social Security, the Family Independence Agency, the MESC, or the Friend of the Court (only if you have any dependents) stating that you are not receiving any benefits. Also, if you have a checking or savings account, you must have your bank complete a Banking Verification form.
3. You must provide this office with **original** Birth Certificates and Social Security Cards for every household member. You must also provide a Driver's License or State I.D. for every household member
4. Once you have all the above, you will then need to return the completed application to our office for processing.

**This application is not considered complete without these items and will not be accepted.**

BECAUSE OF THE HIGH VOLUME OF APPLICATIONS WE ARE RECEIVING, WE ARE ASKING THAT YOU **PLEASE DO NOT CALL OUR OFFICE** to inquire about the status of your application. You will be receiving a letter by mail informing you of the status of your application.

LEASING AND OCCUPANCY  
PONTIAC HOUSING COMMISSION

# Pontiac Housing Commission PRE-APPLICATION

This pre-application does not obligate or bind you or the Pontiac Housing Commission in anyway.

This form must be completed in your own handwriting. You must use the correct legal name of each member of your household. All adult members of the household must sign below certifying the information pertaining to them. (Please print)

---

**Last** **First** **Middle**

---

**Race** **Place of Birth**

---

**Present Address:**

---

**City** **MI** **Zip**

---

**Phone Numbers**

---

**Home Number** **Work Number**

---

### LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME

---

<b>Legal Name</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Relationship to Head of Household</b>
-------------------	------------	----------------------	----------------------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Fill out the information for each household member.

	<b>SOCIAL SECURITY NUMBER</b>	<b>SEX</b>	<b>DISABLED</b>	<b>HANDICAPPED</b>
1.	_____	Male / Female	YES / NO	YES / NO
2.	_____	Male / Female	YES / NO	YES / NO
3.	_____	<b>Male / Female</b>	YES / NO	YES / NO
4.	_____	<b>Male / Female</b>	YES / NO	YES / NO
5.	_____	<b>Male / Female</b>	YES / NO	YES / NO

---

### **TOTAL HOUSEHOLD INCOME**

List all money earned or received by everyone in your household. This includes money from wages, self-employment, cash contributions, social security, SSI, workman's compensation, retirement benefits, FIA, Veteran's Benefits, rental property, stock dividends, income from bank accounts, and all other sources of income that is not listed above.

---

	<b>HOUSEHOLD MEMBER</b>	<b>SOURCE OF INCOME</b>	<b>MONTHLY AMOUNT</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

PRE-APPLICATION  
QUESTIONNAIRE

**ASSETS**

1. Do you or any household member own or have an interest in any real estate, boats, and/or mobile homes?  
 YES     NO
2. Have you or any household member sold any real estate in the last (2) years.  
 YES     NO
3. Does any household member own stocks or bonds?  
 YES     NO
4. Does any household member have any savings or checking accounts?  
 YES     NO
5. Does anyone outside of your household pay for any of your bills or give you money?  
 YES     NO
6. Have you or any other adult member in your household ever used a different names or social security numbers other than the one listed on the previous forms?  
 YES     NO
7. Have you or any other adult members in your household lived in assisted housing?  
 YES     NO
8. Have you or any other adult member in your household ever lived in Lakeside Homes?  
 YES     NO
9. Have you or any other adult member in your household ever lived at Carriage Circle Apartments?  
 YES     NO
10. Have you or any other adult members in your household ever lived at Woodland Heights Apartments?  
 YES     NO
11. Have you or any other adult members in your household ever been convicted of a crime other than a traffic violation?  
 YES     NO
12. Have you or any other adult member in your household ever committed fraud in a Federally assisted housing program, or been requested to repay money, or knowingly misrepresented information for such housing programs?  
 YES     NO

**GIVE NAMES WITH COMPLETE ADDRESSES AND PHONE NUMBERS OF YOUR CURRENT AND PREVIOUS LANDLORDS. ALSO INDICATE HOW LONG YOU RESIDED AT EACH ADDRESS.**

**PREVIOUS LANDLORD**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St** \_\_\_\_\_

**Zipcode:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**CURRENT LANDLORD**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St** \_\_\_\_\_

**Zipcode:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**PERSONAL REFERENCES**

GIVE NAMES WITH COMPLETE ADDRESSES AND PHONE NUMBERS OF (2) PERSONAL REFERENCES.

**PERSONAL REFERENCES #1**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St** \_\_\_\_\_

**Zipcode:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**PERSONAL REFERENCES #2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St** \_\_\_\_\_

**Zipcode:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## EMERGENCY CONTACT

GIVE NAME WITH COMPLETE ADDRESS & PHONE OF EMERGENCY CONTACT:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**Zipcode:** \_\_\_\_\_  
  
**Phone Number:** \_\_\_\_\_

GIVE NAME AND COMPLETE ADDRESS OF YOUR PHYSICIAN, HOSPITAL PREFERENCE,  
AND ANY INFORMATION WE SHOULD BE AWARE OF IN CASE OF AN EMERGENCY.

**Doctor:** \_\_\_\_\_  
**Hospital:** \_\_\_\_\_  
**Health:** \_\_\_\_\_

**I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME AND OTHER FAMILY MEMBERS IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD, AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS. MUST BE REPORTED TO THE PONTIAC HOUSING COMMISSION IN WRITING IMMEDIATELY.**

\_\_\_\_\_  
**SIGNATURE/ HEAD OF HOUSEHOLD** **DATE**

\_\_\_\_\_  
**SIGNATURE/SPOUSE** **DATE**

\_\_\_\_\_  
**SIGNATURE/OTHER ADULT HOUSEHOLD MEMBER** **DATE**

**WARNING!!!! Title 18, Section 1001 of The United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of The United States.**

**THE HOUSING COMMISSION**  
**FOR THE CITY OF PONTIAC, MICHIGAN**  
**132 FRANKLIN BOULEVARD**  
**PONTIAC, MICHIGAN 48341**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**DATE:** \_\_\_\_\_

**APPLICANT'S/RESIDENT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
**City/St/Zip:** \_\_\_\_\_

**SS# / ALIEN REGISTRATION #:** \_\_\_\_\_

**To Whom It May Concern:**

I am an applicant/resident for the Housing Commission of the City of Pontiac (Public Housing assistance Program). The information being requested on the attached form is for the purpose of determining my eligibility for rent subsidy. The following information to determine eligibility will be requested and verified:

- a. Criminal background check to be completed by local law enforcement.
- b. Credit check
- c. Landlord verification
- d. Family composition and type (Elderly, non-elderly)
- e. Annual income
- f. Assets and asset income
- g. Allowance information
- h. Federal preferences
- i. Social Security numbers of all family members
- j. Citizenship or eligible immigration status

I hereby give my permission to release this information and understand that it will be kept in strict confidence and be used for program purposes only. I would appreciate your prompt attention to supply the requested information and return the form to the Housing Authority within five (5) days of receipt.

I understand that a photocopy of this release is as valid as the original

Thank you for your assistance and cooperation in this matter

\_\_\_\_\_  
**SIGNATURE**

**PONTIAC HOUSING COMMISSION  
132 FRANKLIN BLVD  
PONTIAC, MI 48341  
248-338-4551**

**PUBLIC HOUSING POLICE CLEARANCE FORM**

**THIS FORM MUST BE COMPLETED TO ITS ENTIRITY. YOU MUST ALSO OBTAIN A CURRENT POLICE CLEARANCE FROM THE OAKLAND COUNTY SHERIFFS DEPARTMENT LOCATED AT 1200 NORTH TELEGRAPH ROAD PONTIAC, MI**

FULL NAME: \_\_\_\_\_

MAIDEN NAME (IF APPLICABLE): \_\_\_\_\_

ALIAS/AKA: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

OR STATE IDENTIFICATION NUMBER:

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

SCARS/TATOOS/DISTINGUISING MARKS: \_\_\_\_\_

\_\_\_\_\_

(7)

## FEDERAL PREFERENCE QUESTIONNAIRE DEFINITIONS

1. SUBSTANDARD HOUSING:

The unit is dilapidated; does not have operable indoor plumbing; does not have a usable bath or shower inside the unit for exclusive use of a family; does not have electricity, or has inadequate or unsafe electrical service; does not have a safe or adequate source of heat; should, but does not have a kitchen, or has been declared unfit for habitation by an agency or unit of the government.

2. VERIFICATION FOR SUBSTANDARD HOUSING:

The applicant must be living in substandard housing as described above. Verification consists of a letter from a unit or agency or agency of government or from the applicant's present landlord that the applicant's unit has one or more of the deficiencies listed in, or the unit's condition is as described above.

3. HOMELESS – SUBSTANDARD HOUSING:

An applicant who is living in substandard housing may be considered to be homeless if the applicant lacks a fixed, regular and adequate nighttime residence; and has a primary nighttime residence that is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. A homeless family does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State Law. A homeless person does not qualify as being homeless if they became homeless due to an eviction from their landlord because of non-payment of rent.

4. VERIFICATION FOR HOMELESS-SUBSTANDARD HOUSING:

An applicant has to be currently homeless. This is certified by a letter of this status from a public or private facility that provides shelter for such individuals, or from the local police department or social services agency.

5. INVOLUNTARY DISPLACED:

An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his or her housing unit as a result of one or more of the following actions: a disaster, such as a fire or flood, that results in the uninhabitability of an applicant's unit: activity carried on by an agency of the

United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program; or action by a housing owner that results in an applicant's having to vacate his or her unit, where: the reason for the owner's action is beyond an applicant's ability to control or prevent; the action occurs despite an applicant's having met all previously imposed conditions of occupancy; and the action taken is other than a rent increase. An applicant is also involuntarily displaced if – the applicant has vacated his or her housing unit as a result of actual or threatened physical violence directed against the applicant or one or more members of the applicant's household; or the applicant lives in a housing unit with such violence. The actual or threatened violence must have occurred recently or be of a continuing nature. Being involuntarily displaced does not include the vacating of a unit by the tenant as a result of actions taken because of the tenant's refusal to comply with applicable program policies and procedures under this title with respect to the occupancy of under-occupied and over-crowded units; or to accept a transfer to another housing unit in accordance with a court decree or in accordance with such policies and procedures under a HUD-approved desegregation plan.

6. VERIFICATION FOR INVOLUNTARILY DISPLACED:

The applicant will be considered involuntarily displaced by being certified in form of a letter from a unit or agency of government that an applicant has been or will be displaced as a result of a disaster, certification in the form of a letter from a unit or agency of government that an applicant has been or will be displaced by government action, certification in the form of a letter from the owner or owner's agent that an applicant had to, or will have to, vacate a unit by a date certain because of domestic violence from the police department, social services agency, or a court of competent jurisdiction, or a clergyman, physician, or public or private facility that provides shelter or counseling to the victims of domestic violence.

7. PAYING MORE THAN 50% OF FAMILY TOWARD RENT:

**Self-explanatory.**

8. VERIFICATION OF 50 % OF INCOME:

You must bring in all proof of family income. You must bring in proof of how much you are paying for rent per month (rent receipt). You must bring in proof of how much you are paying for utilities (paid receipts).

**LOCAL PREFERENCES IN THE PROVISION OF  
SECTION 8/PUBLIC HOUSING  
WAITING LIST UPDATE QUESTIONNAIRE**

1. Are you interested in receiving housing assistance? YES ( ) NO ( )

2. Are you now occupying substandard housing? YES ( ) NO ( )  
If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

Certified By: \_\_\_\_\_

3. Have you been involuntarily displaced? YES ( ) NO ( )  
If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certified By: \_\_\_\_\_

4. In compliance with the Violence Against Women’s Act (VAWA) the PHC would like to inquire if you are seeking housing as a result of a domestic violence situation? YES ( ) NO ( )

Certified By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you pay more than 50% of your family income for rent? (Including average gas, electric, water bills.)

Monthly family income (before taxes)	\$ _____
Monthly rent	\$ _____
What utilities do you pay? (DO NOT INCLUDE TELEPHONE)	\$ _____
Monthly average utility payments	\$ _____
<b>TOTAL RENT AND UTILITIES</b>	<b>\$ _____</b>

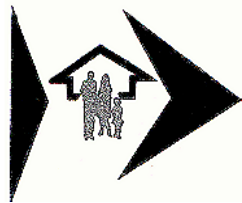
**NOTE: Your signature certifies that you qualify for the above preference checked “YES”. Falsification of information is punishable by law. Complete documentation of preference qualification will be required at the time that you are offered housing assistance. I / we certify that the above statements are true to the best of my / our knowledge.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature (s) \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household Co – Head of Household

Return to: Pontiac Housing Commission  
132 Franklin Blvd.  
Pontiac, MI 48340  
(248) 338-4551



**"POINTING TOWARDS PROGRESS" Pontiac Housing Commission**

CLARENCE PHILLIPS, Mayor  
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HAROLD HOLLAND, Commissioner  
FRANKLIN HATCHETT, Executive Director

**132 Franklin Boulevard**  
**Pontiac, Michigan 48341**  
**(248) 338-4551**  
**Fax (248) 338-7996**

**VERIFICATION OF DISABILITY**

RE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

I WOULD LIKE THE REQUESTED INFORMATION CONCERNING MY HANDICAPPED DISABILITY TO BE FURNISHED TO THE PONTIAC HOUSING COMMISSION.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

THIS IS TO CERTIFY THAT IN MY OPINION \_\_\_\_\_ ( ) IS ( ) IS NOT DISABLED TO SUCH AN EXTENT THAT THE FOLLOWING APPLIES TO HIS / HER CONDITION AS DEFINED IN:

SECTION 233 OF THE SOCIAL SECURITY ACT

INABILITY TO ENGAGE IN ANY SUBSTANTIAL ACTIVITY, BECAUSE OF PHYSICAL OR MENTAL IMPAIRMENT THAT IS EXPECTED TO LAST CONTINUOUSLY FOR AT LEAST TWELVE (12) MONTHS; OR A BLIND PERSON AT LEAST 55 YEARS OF AGE, INABILITY BECAUSE OF BLINDNESS TO ENGAGE IN ANY GAINFUL ACTIVITIES COMPARABLE TO THOSE IN WHICH THE PERSON WAS PREVIOUSLY ENGAGED WITH SOME REGULARITY AND OVER A SUBSTANTIAL PERIOD.

OR:

( ) IS ( ) IS NOT HANDICAPPED AND WHOSE PHYSICAL AND MENTAL IMPAIRMENT AS DEFINED IN:

SECTION 102(7) OF THE DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT U.S.C. 6001(7)

SEVERE CHRONIC DISABILITY THAT: IS ATTRIBUTABLE TO MENTAL OR PHYSICAL IMPAIRMENT OR COMBINATION OF MENTAL AND PHYSICAL IMPAIRMENTS; IS MANIFESTED BEFORE THE PERSON ATTAINS THE AGE OF 22; IS LIKELY TO CONTINUE INDEFINITELY; RESULTS IN SUBSTANTIAL FUNCTIONAL LIMITATIONS IN (3) OR MORE OF THE FOLLOWING AREAS OF MAJOR LIKE ACTIVITY: (1) SELF-CARE (2) RECEPTIVE AND RESPONSIVE LANGUAGE (3) LEARNING (4) MOBILITY (5) SELF-DIRECTION (6) CAPACITY FOR INDEPENDENT LIVING (7) ECONOMIC SELF-SUFFICIENCY AND REFLECTS THE PERSON'S NEED FOR A COMBINATION AND SEQUENCE OF SPECIAL, INTERDISCIPLINARY, OR GENERIC TREATMENT, OR OTHER SERVICES WHICH ARE OF LIFELONG OR EXTENDED DURATION AND ARE INDIVIDUALLY PLANNED AND COORDINATED.

**THIS FORM MUST BE COMPLETED BY  
PHYSICIAN OR PSYCHIATRIST ONLY!!!**

1. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

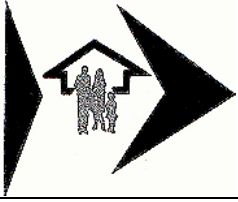
2. Prognosis: \_\_\_\_\_  
\_\_\_\_\_

	YES	NO
3. Known history of alcohol abuse?	_____	_____
4. Known history of drug abuse?	_____	_____
5. Hospitalized in the past year?	_____	_____
6. Known violent behavior?	_____	_____
7. Known suicidal behavior?	_____	_____
8. Known history of anti-social behavior?	_____	_____
9. Known prescribed substance abuse treatment within the past year?	_____	_____
10. Known history of medication maintenance?	_____	_____
11. Does this person need a caregiver?	_____	_____
12. Does this caregiver need to live in?	_____	_____
13. Is this person capable of independent living?	_____	_____
14. Will living in an environment consisting of mostly elderly and/or disabled individual meet his/her social needs?	_____	_____

**Please give an explanation for each question above where the answer is  
yes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Street** \_\_\_\_\_  
**Cit** \_\_\_\_\_ **State** \_\_\_\_\_  
**Zip** \_\_\_\_\_ **Telephone** \_\_\_\_\_



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MALKIA MAISHA, Commissioner  
FRANKLIN HATCHETT, Executive Director

**VERIFICATION OF EMPLOYMENT**

\_\_\_\_\_  
*APPLICANT/TENANT NAME*

\_\_\_\_\_  
*SOCIAL SECURITY NUMBER*

\_\_\_\_\_  
*APPLICANT/TENANT ADDRESS*

\_\_\_\_\_  
*CITY, STATE*

\_\_\_\_\_  
*ZIP CODE*

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that, in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response within 10 days of receipt of this form. If you have any questions, please feel free to contact our office. Thank You for your cooperation.

**You are authorized to release the information requested by the Pontiac Housing Commission.**

\_\_\_\_\_  
Signature of person holding the job

\_\_\_\_\_  
Date

**TO BE COMPLETED BY EMPLOYER**

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

1. Date of employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of termination (if applicable) \_\_\_\_\_
3. Please circle employee status: Full-time, Part-time, Temporary, Contingent, Seasonal, On-Call (Please attach a printout of this employee's payroll history for the past 6 months).
4. Current rate of regular pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.) Number of hours per work week \_\_\_\_\_  
(Please circle one)
5. Is pay period - Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
(Please check one)
6. Current rate of overtime pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc)
7. Number of hours employee normally work per week \_\_\_\_\_ Bi-weekly \_\_\_\_\_
8. Please give employee's normal work schedule including days/week and hours/day \_\_\_\_\_
9. Average amount of overtime worked in last 12 months \_\_\_\_\_
10. Gross annual earnings anticipated for this employee for the next twelve months. \_\_\_\_\_  
(Gross amount including all tips, bonuses, overtime, commissions).

- 11. Tips, Commissions, Bonuses \$ \_\_\_\_\_
- 12. Do you anticipate any change in the employee's rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Revised rate \_\_\_\_\_ Effective Date \_\_\_\_\_
- 13. Do you anticipate any changes in the number of hours the employee works: Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain  
\_\_\_\_\_
- 14. Does this employee receive vacation with pay? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15. Does this employee receive sick leave with pay? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16. Does employee have a 401K or retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_
- 17. If the employee's work is seasonal or sporadic, indicate lay-off periods.  
\_\_\_\_\_  
\_\_\_\_\_
- 18. Does this employee receive an earned income tax credit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, indicate amount included in paycheck \$ \_\_\_\_\_
- 19. Additional Comments:

**I certify that the above information is true and correct:**

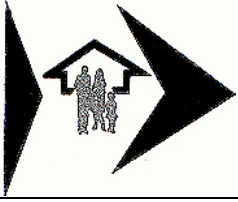
Print Name of Company Official	Title of Company Official
Signature	Company
Address	Date
City, State, Zip Code	Telephone

**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.

**NOTE: THIS VERIFICATION MUST BE MAILED OR FAXED DIRECTLY TO THE PONTIAC HOUSING COMMISSION FROM THE ABOVE REFERENCED EMPLOYER. THIS FORM CANNOT BE ACCEPTED BY US FROM THE EMPLOYEE.**

***Please return completed form to:*** Pontiac Housing Commission  
 132 Franklin Boulevard  
 Pontiac, MI 48341  
 Fax: 248-338-7996  
 Attention: Freida Perkins

***If you have any questions regarding this form, please call (248) 338-4551, ext. 200.***



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FRANKLIN HATCHETT, Executive Director

**BANKING VERIFICATION FORM**

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Re: \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Applicant/Tenant Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience.

I, \_\_\_\_\_, hereby authorize the release of the information requested below to the Pontiac Housing Commission.

*Print:*

*Name:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Note: This verification must be mailed or faxed directly to the Pontiac Housing Commission from your financial institution. We cannot accept this form from the applicant/tenant.**

**Please return completed form to: Pontiac Housing Commission  
132 Franklin Boulevard  
Pontiac, MI 48341  
Fax: 248-338-7996  
Attention: Freida Perkins**

Name of Account Holder \_\_\_\_\_

**CHECKING ACCOUNT**

(for six months)

Account Number(s)

Average monthly Balance(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this interest bearing checking account? Yes \_\_\_ No \_\_\_ If "Yes", interest rate: \_\_\_\_\_%

**SAVINGS ACCOUNT**

Account Number(s)

Present Account Balance

Annual Interest Rate

Withdrawal Penalty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

**CERTIFICATE OF DEPOSIT**

Account Number(s)

Present Account Balance

Annual Interest Rate

Withdrawal Penalty

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**TRUST**

Value of Trust Fund administered: \$ \_\_\_\_\_

Anticipated Amount of Income to be earned by Trust over the next 12 months: \$ \_\_\_\_\_

**PROPERTY**

Value of Equity in Real Property \$ \_\_\_\_\_

I certify that the above information is true and correct.

\_\_\_\_\_  
*Name of Official*

\_\_\_\_\_  
*Title of Official*

\_\_\_\_\_  
*Name of Institution*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Telephone*

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

*If you have any questions regarding this form, please call 248-338-4551, ext. 200*

# **CARRIAGE CIRCLE & WOODLAND HEIGHTS**

## **Affordable Housing Can Be yours**

**Are you looking for an affordable housing alternative?**

### **One Bedrooms & Efficiencies**

- **All rents based on income**
  - **All utilities included**
- **Equipped with full kitchen and appliances**
  - **Cable TV access**
- **24 hour emergency maintenance**
  - **On-site laundry facilities**
  - **Social and recreation areas**
  - **Attractive urban setting**

### **LOCATIONS:**

**CARRIAGE CIRCLE**  
**255 Carriage Circle**  
**Pontiac, MI 48342**

**WOODLAND HEIGHTS APTS.**  
**120 North Edith**  
**Pontiac, MI 48342**

### **For Qualified Individuals**

**For more information contact**  
**Pontiac Housing Commission**  
**Leasing & Occupancy Department**  
**248-338-3409**

**Pontiac Housing Commission \* City of Pontiac**

**EQUAL HOUSING OPPORTUNITIES**