

"POINTING TOWARDS PROGRESS"

Pontiac Housing Commission

HAROLD HOLLAND, President
ALMA V. SHELTON, Vice President
LARRY MARSHALL, Commissioner
STEVE FLADGER, Commissioner
FRANKLIN HATCHETT, Executive Director

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

Application Guidelines

Dear Applicant:

Thank you for your interest in obtaining housing through the Pontiac Housing Commission. Public Housing sites are as follows: Carriage Circle & Woodland Heights Apartment Complexes, as well as twenty one (21) Scattered Site Homes.

If you are interested in applying for any of the sites referenced above, you must be eighteen (18) years of age or older. Your security deposit and monthly rental amount are based upon 30% of your gross annual income at all sites.

Carriage Circle Apartments are located at 255 Carriage Circle Drive in the City of Pontiac. Woodland Heights Apartments are located at 120 N. Edith Street in the City of Pontiac. Maps & Directions are located in the back of this application packet. Scattered Site Housing units are located throughout the City of Pontiac.

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

*****PLEASE READ CAREFULLY*****

Take the application home and fill it out **completely**. **Do not leave any questions unanswered**. For questions that do not apply, answer no, none, or not applicable (N/A).

*******YOU MUST PROVIDE THIS OFFICE WITH ALL ORIGINAL DOCUMENTS*******

- **Birth Certificate(s)**
- **Social Security Card(s)**
- **Valid Driver's License or Michigan State I.D. Card for all person's listed on this application eighteen (18) years of age or older.**

INCOME/EMPLOYMENT VERIFICATION

- If you are employed, the Pontiac Housing Commission must be able to verify your employment status. We ask that you complete, sign, and date the Employment Verification form and list your employers name and address (city, state zip, telephone number, company code, check stubs, etc.) If you receive unemployment benefits, your compensation will be verified through the Unemployment Insurance Agency (you may provide current unemployment check stubs).

BANKING VERIFICATION

- If you have a checking, savings, or Certificate of Deposit account, please complete the front of the banking verification form (make sure you provide the Pontiac Housing Commission with your banking institution name and address, including city, state, zip & telephone number)

VERIFICATION OF DISABILITY

- If you have stated that you are disabled, you must complete the top portion of the Verification of Disability form. List your Doctor's name, address, city, state, zip and telephone number (you may also attach your Doctor's business card).

PLEASE NOTE

- **Do not remove any forms from your application packet. The above referenced forms will be verified directly by a third party (Employer, Banking Institution, or Physician). Use Not Applicable (N/A) if the requested information does not apply to you.**

Once you have obtained/completed all of the above information, you will then need to return the completed application to our office for processing.

PLEASE NOTE: THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THE ABOVE REFERENCED ITEMS. THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED IF THERE IS MISSING OR INCOMPLETE INFORMATION.

Due to the high volume of applications received, we ask that you **DO NOT CONTACT OUR OFFICE** regarding the status of your application. Once your application has been processed, you will be notified via U.S. mail **ONLY** regarding the status of your application.

The average wait time for the processing of your application is approximately ninety (90) to one hundred twenty (120) days.

THE PONTIAC HOUSING COMMISSION AND THE LEASING DEPARTMENT WOULD LIKE TO THANK YOU FOR SHOWING INTEREST IN CARRIAGE CIRCLE, WOODLAND HEIGHTS, OR SCATTERED SITE HOUSING. WE ARE A BUSINESS COMMITTED TO EXCELLENCE THROUGH AN EFFICIENT PROCESS, AND PROVIDING QUALITY HOUSING BY CREATING AN ENVIRONMENT WHICH PROVIDES OUR CUSTOMERS WITH AN OPPORTUNITY TO ACCESS RESOURCES, WITH THE EXPECTATION THAT OUR COMMUNITIES WILL BE A SAFE AND SECURE PLACE FOR RESIDENTS TO REALIZE THEIR FULL POTENTIAL.

LEASING AND OCCUPANCY
PONTIAC HOUSING COMMISSION

APPLICATION

Pontiac Housing Commission
132 Franklin Boulevard
Pontiac, MI 48341

(248) 338-4551 Phone

(248) 338-7996 Fax

TIME STAMP

Mark program(s) applying for: WOODLAND HEIGHTS <input type="checkbox"/> CARRIAGE CIRCLE <input type="checkbox"/> WHAT SIZE UNIT ARE YOU INTERESTED IN? EFFICIENCY <input type="checkbox"/> ONE BEDROOM <input type="checkbox"/> TWO BEDROOM <input type="checkbox"/> SCATTERED SITE <input type="checkbox"/> THREE BEDROOM <input type="checkbox"/> FOUR BEDROOM <input type="checkbox"/>	DATE STAMP	Racial Group () White () Black/African American () Asian () Native American () Other _____ <hr/> Ethnicity () Hispanic/Latino () Not Hispanic/Latino
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TO BE FILLED OUT BY THE APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER **NO**, **NONE**, OR **NOT APPLICABLE (N/A)**. **DO NOT LEAVE BLANKS.**

APPLICANT NAME	Last	First	M.I.
CURRENT ADDRESS	Street	City	State Zip Apt. #
MAILING ADDRESS	P.O. Box	City	State Zip
PLACE OF BIRTH	_____		
Home Phone #	_____	Work #	_____ Other # _____

Name of Current Landlord	Telephone #
Mailing Address of Landlord	
Street	City State Zip Apt. #
Present Monthly Rent \$ _____	# of Bedrooms _____ # of Persons Presently In Household _____
If you pay for your utilities, indicate the utilities paid by you, and the amount, If you do not pay for any of the utilities listed, check N/A .	
Electricity \$ _____	Gas \$ _____ Water \$ _____ Phone \$ _____ Cable TV \$ _____ N/A <input type="checkbox"/>
How long have you lived at the address listed above?	From _____ To _____ Month/Year Month/Year
Do you owe any money to the landlord listed above?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount owe \$ _____

Name of <u>Previous</u> Landlord	Telephone #
Mailing Address of Landlord	
Street	City State Zip Apt. #
Previous Monthly Rent \$ _____	# of Bedrooms _____ # of Persons Previously In Household _____
If you paid for your utilities, indicate the utilities paid by you, and the amount, If you did not pay for any of the utilities listed, check N/A .	
Electricity \$ _____	Gas \$ _____ Water \$ _____ Phone \$ _____ Cable TV \$ _____ N/A <input type="checkbox"/>
How long did you lived at the address listed above?	From _____ To _____ Month/Year Month/Year
Do you owe any money to the landlord listed above?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount owe \$ _____

GIVE NAMES WITH COMPLETE ADDRESSES OF **TWO (2) PERSONAL REFERENCES** . IF YOU ONLY HAVE **ONE** CURRENT OR PREVIOUS LANDLORD, YOU MUST PROVIDE **FOUR (4) PERSONAL REFERENCES**. ***** PLEASE NOTE: YOU CANNOT USE RELATIVES AS PERSONAL REFERENCES*****

PERSONAL REFERENCE#1					
Name of Personal Reference _____			Telephone # _____		
Mailing Address of Reference #1					
Street/P.O. Box _____		City _____	State _____	Zip _____	Apt. # _____
PERSONAL REFERENCE#2					
Name of Personal Reference _____			Telephone # _____		
Mailing Address of Reference #2					
Street/P.O. Box _____		City _____	State _____	Zip _____	Apt. # _____
PERSONAL REFERENCE#3					
Name of Personal Reference _____			Telephone # _____		
Mailing Address of Reference #3					
Street/P.O. Box _____		City _____	State _____	Zip _____	Apt. # _____
PERSONAL REFERENCE#4					
Name of Personal Reference _____			Telephone # _____		
Mailing Address of Reference #4					
Street/P.O. Box _____		City _____	State _____	Zip _____	Apt. # _____

HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL RESIDE IN YOUR UNIT & THEIR RELATIONSHIP TO THE APPLICANT.
******PLEASE NOTE**** #1 REFLECTS THE HEAD OF HOUSEHOLD**

Print Full Name	Relation to Head of Household	Birth Date	Age	Sex	Social Security Number	United States Citizen Yes/No
1	Head					
2						
3						
4						
5						

Do you anticipate any changes to your household composition? Yes No If yes, please explain _____

SPECIAL NEEDS

For the purpose of determining allowable income deductions, are you or any member of your household handicapped or disabled?

YES NO

Information Will Be Verified

NAME	SEX	DISABLED		HANDICAPPED	
_____	M / F	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	M / F	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	M / F	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Does any member require any special accommodations? YES NO

If yes, please list your Doctor's complete name and address below:

Name of Doctor/Physician _____			Telephone # _____		
Mailing Address of Doctor/Physician					
Street/P.O. Box _____		City _____	State _____	Zip _____	Suite. # _____

INCOME: List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Occupation	Annual Income

OTHER SOURCES OF INCOME :Examples include DHS benefits (food stamps, adult waiver, state disability) Social Security, SSI benefits, Pensions, Unemployment benefits, Baby Sitting, Alimony, Child Support, Annuities, Income from rental property, Cash contributions from individuals, scholarships, and grants.

Household Member	Source	Amount

BANK INFORMATION: List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Name & Address of Bank	Account Number	Amount

Do you or any household member have an interest in any real estate, boats and/or mobile homes? YES NO

Have you or any household member sold any real estate in the last two (2) years? YES NO

Does any household member own stocks or bonds? YES NO

Does anyone outside of your household pay for any of your bills or give you money? YES NO

Have you or any other adult member of your household ever used a different name or social security number other than those listed on the previous pages? YES NO

Have you or any other adult member of your household live in assisted housing? YES NO

Have you or any other adult member of your household ever lived in Lakeside Homes? YES NO

Have you or any other adult member of your household ever lived in Carriage Circle? YES NO

Have you or any other adult member of your household ever lived in Woodland Heights? YES NO

Have you or any other adult member of your household ever been convicted of a crime other than a traffic violation? YES NO

Have your or any other adult member of your household ever committed fraud in a federally assisted housing program, or been requested to repay monies owed, or knowingly misrepresented information for such housing programs? YES NO

If you have lived, or currently live in Public Housing, and/or Section 8 Assisted Housing, or housing where the amount of rent you paid was based on your income, please complete the following: Address _____

Dates From _____ To _____
Month/Year Month/Year

Do you owe any money to Public Housing and/or Section 8 Housing? YES NO If yes, Amount \$ _____

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

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..

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

EMERGENCY CONTACT

GIVE NAME WITH COMPLETE ADDRESS & PHONE OF EMERGENCY CONTACT:

Name: _____
Address: _____
City/
State: _____
Zip code: _____
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.

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.

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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.

**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

I/We **certify** that all information given to the Pontiac Housing Commission in this application is correct. I/We understand that if these facts are not true, housing will not be provided, and I/We will be declared ineligible. I/We understand that after the information in this application is verified, that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Pontiac Housing Commission will verify this information, and I authorize the Pontiac Housing Commission to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____ Date _____
Head of Household

Signature: _____ Date _____
Spouse or Other Adult

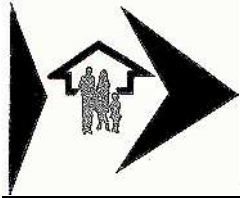
Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Pontiac Housing Commission to provide you with a HUD Housing Discrimination Complaint form, HUD-903.

******FOR OFFICE USE ONLY**** DO NOT WRITE BELOW THIS LINE**
APPLICATION INTAKE CHECKLIST

- ORIGINAL BIRTH CERTIFICATE
- COUNTY POLICE CLEARANCE
- VALID DRIVER'S LICENSE OR STATE ID
- SOCIAL SECURITY CARD(S)
- CURRENT/PREVIOUS LANDLORD INFO.
- TWO PERSONAL REFERENCES
(FOUR IF ONLY ONE CURRENT OR PREVIOUS
LANDLORD)
- BANKING VERIFICATION SIGNED/DATED
- EMPLOYMENT VERIFICATION SIGNED/DATED
- DISABILITY VERIFICATION SIGNED/DATED
- PREFERENCE QUESTIONNAIRE FILLED OUT
- RELEASE OF INFORMATION AUTHORIZATION
SIGNED
- NO BLANKS ON APPLICATION

Signature: _____
PHC Representative

Date _____



"POINTING TOWARDS PROGRESS" Pontiac Housing Commission

HAROLD HOLLAND, President
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FRANKLIN HATCHETT, Executive Director

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

VERIFICATION OF DISABILITY

RE (APPLICANT)

Dates

NAME _____

PHYSICIAN NAME _____

ADDRESS _____

ADDRESS _____

TO WHOM IT MAY CONCERN: .

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

SIGNED X _____

DATE X _____

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 WHO'S 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!!!**

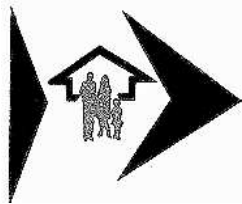
1. DIAGNOSIS: _____

2. PROGNOSIS: _____

	<u>YES</u>	<u>NO</u>
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 INDIVIDUALS MEET HIS/HER SOCIAL NEEDS?	_____	_____

PLEASE GIVE AN EXPLANATION FOR EACH QUESTION ABOVE WHERE THE ANSWER IS YES: _____

NAME	DATE
TITLE	PHONE
ADDRESS	CITY/STATE/ZIP



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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

Name of employer _____

Address of employer _____

TO BE COMPLETED BY 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.)
5. How many hours does the employee work per week? _____
6. Is pay period - Weekly _____ Bi-weekly _____ Monthly _____ Other (please be specific _____
(Please check one)
7. Current rate of overtime pay \$ _____ per _____ (hour, week, month, etc)
8. Gross annual earnings anticipated for this employee for the next twelve months. _____
(Gross amount including all tips, bonuses, overtime, commissions).
9. Anticipated tips, Commissions, Bonuses \$ _____

10. Do you anticipate any change in the employee's rate of pay in the near future? Yes _____ No _____
If yes: Revised rate _____ Effective Date _____

11. Do you anticipate any changes in the number of hours the employee works: Yes _____ No _____ Please Explain

12. Does this employee receive vacation with pay? Yes _____ No _____

13. Does this employee receive sick leave with pay? Yes _____ No _____

14. Amount deducted medical coverage \$ _____ / _____

15. Amount deducted for savings plan \$ _____ / _____

16. If the employee's work is seasonal or sporadic, indicate lay-off periods.

17. Does this employee receive an earned income tax credit? Yes _____ No _____
If yes, indicate amount included in paycheck \$ _____

18. 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

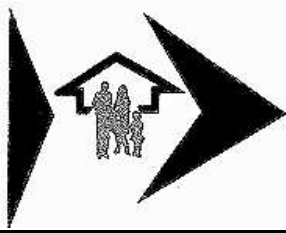
Telephone

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 DIRECTLY BY THE EMPLOYEE.

Please return completed form to: Pontiac Housing Commission
Leasing & Occupancy Department
132 Franklin Boulevard
Pontiac, MI 48341
Fax: 248-338-7996

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



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Pontiac, Michigan 48341
Phone (248) 338-4551
Fax (248) 338-7996*

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.

Telephone Number _____

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

Print: Name: _____ Signature: _____

Date: _____

Applicant/Tenant Address _____ City, State _____ Zip Code _____

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
Attn: Leasing and Occupancy Division
132 Franklin Boulevard
Pontiac, MI 48341
Fax: 248-338-7996

Name of Account Holder _____

CHECKING ACCOUNT

Account Number(s)

(for six months)
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

CERTIFICATE OF DEPOSIT

Account Number(s)

Present Account
Balance

Annual Interest
Rate

Withdrawal
Penalty

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

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

LOCAL PREFERENCE QUESTIONNAIRE DEFINITIONS

In selecting applicants for admission to its housing, the Commission will give preference to applicants who are otherwise eligible for assistance and who, at the time they are seeking housing assistance, are working families, involuntarily displaced, living in substandard housing, or attending school.

The Commission shall inform all applicants for assistance of the availability of the local preferences, and give all applicants an opportunity to show that they qualify for a preference. Applicants include families on any waiting list for assistance maintained by the Commission.

WORKING FAMILIES

Applicants with an adult family member currently working 32 hours/per week. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work. **Verification of Working family:** proof of family income via pay stub, W2's and disability income via electronic verification via the Housing & Urban Development system.

INVOLUNTARILY DISPLACED

Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws. **Verification of involuntarily displaced:** A certified letter from a unit or agency of government that an applicant has been or will be displaced as a result of a disaster, government action. Certified letter from 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.

SUBSTANDARD HOUSING

Families living in substandard and/or dilapidated housing or families involuntarily displaced. 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 declare unfit for habitation by an agency or unit of government. **Verification of Substandard housing:** 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 a described above.

CITIZENS OF PONTIAC

Residents who live and/or work in the jurisdiction. **Verification of Citizen of Pontiac:** current valid driver's license or Michigan State ID, and references from current Landlord if applicable.

APPLICANT RECEIVING EDUCATION

Applicants with an adult family member enrolled in an employment training program or currently, or attending school on a full-time basis. **Verification of applicant receiving education:** current school or training program registration, report card, or letter from educational or training program as proof of enrollment, and current receipts of payment for courses if applicable.

PAYING MORE THAN 50% of FAMILY INCOME TOWARD RENT

Applicants paying more than 50 percent (50%) of family income for rent including utilities. **Verification of paying more than 50% of family Income toward rent is proof of all family income:** Proof of how much applicant is paying for rent per month (rent receipt) and proof of how much is being paid for utilities (paid receipts).

HOMELESS FAMILY - Any individual or family who: (a) Lacks a fixed, regular, and adequate nighttime residence; or (b) Has a primary night time residence that is: A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing); or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. **Verification** consists of certification, in a form prescribed by the Commission, 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.

VICTIM OF DOMESTIC VIOLENCE - “domestic violence” (42 U.S.C. 1437f(f)(8) and 42 U.S.C. 1436d(u)(3)(A)), is given the same meaning as this term is defined in section 40002 of the Violence Against Women Act of 1994 (VAWA 1994) as added by VAWA 2005. VAWA 2005 defines “domestic violence” to include “felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

Verification: Sections 606 and 607 add certification and confidentiality provisions that allow for a PHA, owner, or manager to request an individual to certify that the individual is a victim of abuse and that the incidences of abuse are bona fide through HUD Form 50066 or family member may provide, in lieu of this certification (or in addition to it): (1) A Federal, State, tribal, territorial, or local police or court record; or (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attest under penalty of perjury (28 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

**PHC 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. Are you now homeless? YES () NO ()

Certified By: _____

6. 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	\$ _____
TOTAL RENT AND UTILITIES	\$ _____

7. Are you currently working? YES () NO ()

8. Are you attending school or enrolled in a training program YES () NO ()

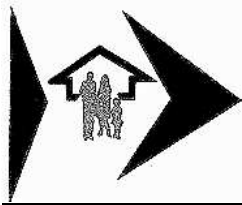
NOTE: Your signature certifies that you qualify for the above preference checked "YES". Falsification of information is punishable by law. Complete documentation of preference qualification will be required at the time that you are offered housing assistance. I / we certify that the above statements 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 48341



"POINTING TOWARDS PROGRESS" Pontiac Housing Commission

HAROLD HOLLAND, President
ALMA SHELTON, Vice President
LARRY MARSHALL, Commissioner
STEVE FLADGER, Commissioner
FRANKLIN HATCHETT, Executive Director

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

INFORMATIONAL SURVEY

Please complete both questions 1 & 2. The answers you provide will be used for informational purposes only, and will not be used in the determination of your application status. The information will, however, help us recognize your referral source.

1. How did you hear about Woodland Heights/Carriage Circle/Scattered Site Housing?

(a) ____ Internet (b) ____ Newspaper (c) ____ Yellow Pages

(d) ____ Family or Friend (If so, who?) _____

(e) ____ Resident at Woodland Heights (f) ____ Resident at Carriage Circle

(g) ____ An Agency (If so, which one?) _____

2. Do you know a person who is looking for a nice place to call home? If so, please provide us with their name, address and phone number.

_____ Yes _____ No

Name: _____

Address:

Phone Number: () _____ - _____

The Pontiac Housing Commission would like to extend our thanks to you for your interest in Public Housing assistance at one of our sites!

For Office Use Only	
Name of Applicant: _____	Date Submitted: _____