



MAPLE TOWERS APARTMENTS

STURGIS HOUSING COMMISSION

Public Housing Applicant,

Enclosed you will find an application for low-income housing. Please complete the application and sign all spaces required. If you have any questions regarding the application, please feel free to call our office. The office hours are 9:00am-3pm Monday- Wednesday.

When dropping off or mailing your application, please be sure to include a copy of your Social Security Card, Photo ID, and Birth Certificate. Also include Verification of your income. Applications cannot be processed without this required information. We do have a waiting list and all applications will be reviewed.

In order to be considered for public housing, a state and national criminal background check is required. There will be no charge to you for this service. The release needs to be signed to allow us to have this done.

Maple Towers Apartments are in a HUD low rent program, rent is based on 30% of income. To qualify to live here you need to be elderly (62+); nearly elderly (50-61) or person of any age on social security disability. Our building is independent living, and you will need to be able to clean, cook and live independently.

Thank you for your interest in our housing program. If you have any questions, please do not hesitate to give me a call at (269) 651-8772.

Sincerely,

Nikki Barringer

Deputy Director.



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



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STURGIS HOUSING COMMISSION

Official Application for Admission

(Office use Only) - Bedroom Size: _____
Date: _____
Picture ID: _____
Soc.sec.card: _____
Staff: _____

Applicant name: _____ Home Phone: () _____

Address: _____ Zip: _____

Name and Phone number of person to contact if we are not able to reach you:

List all persons, including you, who will be residing in this subsidized unit:

First name	Init.	Last name	Relationship	Birthdate	Sex	Social Security	Maiden name

Have you ever applied for this, or any other federally subsidized housing? YES / NO
If yes, where? _____ . When? _____ .

Have you or any family members ever been evicted? YES / NO
If yes, give landlords name and reason for eviction: _____ .

Have you or any family members ever been arrested or convicted of a crime? YES / NO
If yes, list who and the reason: _____ .

Do you anticipate any change in family composition or income? YES / NO

Do you or any family members smoke? YES / NO

Do you or any family members own a pet? YES / NO

(please provide at least ten years of history, please write additional landlords on separate paper)

PRESENT LANDLORD: _____ Phone Number: _____ Current Rent: \$ _____

Address: _____ #of bedrooms: _____ Average monthly utilities: \$ _____

Date moved in: _____ Reason for leaving: _____

PREVIOUS LANDLORD: _____ Phone Number: _____ Rent Amount: \$ _____

Address: _____ #of bedrooms: _____ Average monthly utilities: \$ _____

Date moved in: _____ Date moved out: _____ Reason for leaving: _____

PREVIOUS LANDLORD: _____ Phone Number: _____ Rent Amount: \$ _____

Address: _____ #of bedrooms: _____ Average monthly utilities: \$ _____

Date moved in: _____ Date moved out: _____ Reason for leaving: _____

PREVIOUS LANDLORD: _____ Phone Number: _____ Rent Amount: \$ _____

Address: _____ #of bedrooms: _____ Average monthly utilities: \$ _____

Date moved in: _____ Date moved out: _____ Reason for leaving: _____

PREVIOUS LANDLORD: _____ Phone Number: _____ Rent Amount: \$ _____

Address: _____ #of bedrooms: _____ Average monthly utilities: \$ _____

Date moved in: _____ Date moved out: _____ Reason for leaving: _____

PLEASE LIST TWO (2) PERSONAL REFERENCES, NOT RELATED TO YOU & NOT PREVIOUS LANDLORDS

Name	Address	Phone #

PLEASE LIST TWO (2) CREDIT REFERENCES

IF YOU OR ANY FAMILY MEMBER IS EMPLOYED COMPLETE THE FOLLOWING:

Name	Employer	Employers Address	Rate of Pay	Hours per Week

ARE YOU OR ANY FAMILY MEMEBER RECEIVING UNEMPLOYMENT, SOCIAL SECURITY, SOCIAL SECURITY DISABILITY, SUPPLEMENTAL SECURITY INCOME (SSI), PENSION, ANNUITIES, OR WORKERS COMPENSATION?

Name	Source of Income	Amount of Income	How often

PROVIDE INFORMATION IF YOU OR ANY FAMILY MEMEBER HAS A SAVINGS ACCOUNTS, CHECKING ACCOUNTS, CD'S, STOCKS, BONDS, LAND CONTRACTS OR OTHER INCOME PRODUCING ASSETS:

Type of Asset	Value of Asset	Bank or Credit Union & Address	Interest Rate

ARE YOU OR ANY FAMILY MEMBER RECEIVING GA, ADC, CHILD SUPPORT OR OTHER GOVERNMENTAL ASSISTANCE?

Source of income	Caseworker	Income	How often

DO YOU OR ANY FAMILY MEMBER OWN REAL ESTATE? YES/NO

If yes, give approximate value (SEV) and description _____

Where did you hear about Coldwater Housing Commission? _____

Why did you apply to this Housing Commission? _____

LIST ANY MEDICAL OR OTHER UNUSUAL EXPENSES _____



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STURGIS HOUSING COMMISSION

Please circle "YES" or "NO" to answer the following questions (If yes, please provide proof)

MY HOUSEHOLD IS INVOLUNTARILY DISPLACED: YES. NO.

This means your household is without housing because of a disaster, condemnation of your home by a health department or Governmental body, action by the housing owner or landlord beyond your ability to control or having vacated or needing to leave your home because of real or threatened physical violence directed against you or a household member.

MY HOUSEHOLD LIVES IN SUBSTANDARD HOUSING: YES. NO.

This means your household lives in a unit with serious health code violations, which endanger the health or safety of household members. A household who lives in a temporary or homeless shelter is also considered substandard housing.

LIVE OR WORK IN ST. JOSEPH COUNTY ? YES. NO.

THIS MEANS THAT A HOUSEHOLD MEMBER LIVES IN, IS CURRENTLY EMPLOYED IN OR HAS A JOB OFFER IN St. Joseph COUNTY.

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES? YES. NO. MILITARY FILE OR ID# _____

INFORMATION IN THIS SECTION IS FOR STATISTICAL PURPOSES ONLY

Please check the ethnic group(s) to which you belong: _____ White. _____ American Indian/Native Alaskan
_____ Black. _____ Hispanic. _____ Asian/Pacific Islander. _____ Non-Hispanic

1. Is the head of household 62 years or older? YES. NO.
2. Is anyone in the household handicapped or disabled? YES. NO. If yes, explain: _____
3. Does anyone in your family require a unit equipped for a wheelchair? YES. NO. If yes? _____
4. Are you a United States Citizen? YES. NO. If not, do you possess and alien registration card? _____
5. Does any family member have an expense that creates hardship for the family? YES. NO.

If your application is determined to be Federal Preference, the reason for the preference must be verified by the landlord or any public agency (i.e. Health Dept., FIA, and Public Safety). It is your responsibility to obtain verification from the agency.

APPLICANT IS HEREBY NOTIFIED THAT SOCIAL BACKGROUND INVESTIGATION MAY BE CONDUCTED TO CHECK FOR THE FOLLOWING OFFENSES: DRUG CONVICTIONS, GUN POSSESSION CONVICTIONS, FELONY CONVICTIONS, FRAUD CONVICTIONS, CONTINUAL ARREST RECORD, CSC, AND NEGATIVE BEHAVIOR IN THE COMMUNITY.

Note: the information given will be kept confidential and will be viewed by Commission staff and its agents only.

APPLICANT CERTIFICATION- please read carefully before signing.

Section 1001 of Title 18 USC Provides: "whomsoever in any matter within the jurisdiction of a department or agency of the United States knowingly and willfully falsifies a material fact or makes any false fictitious or fraudulent statement or representations or makes or uses any false writing or document knowing the same to contain any false fictitious or fraudulent statement or entity shall be fines not more than \$10,000 or imprisoned not more than five years or both."

I/We understand that this is not a contract and does not bind either party. All information on this application is true and complete to the best of my/our knowledge. I/We hereby authorize the Sturgis Housing Commission and its staff to contact any persons, agencies, offices, groups or organizations to obtain any information necessary to determine my/our eligibility.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



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Disposition of Assets

1. Have you, within the past two years, disposed of any assets for less than fair market value?

YES- () NO- ()

2. If so, what was the asset? _____

3. What date was the asset disposed of? _____

4. What was its value (after expenses)? _____

5. How much did you receive for it? _____

I certify that the above statements are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

___ I do have a ___ savings ___ checking account.

___ I do not have a savings/checking account.



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Verification Consent Information

1. Any evidence submitted by the applicant or participant may be released by the owner to HUD.
2. Such evidence may also be released by the owner to a party other than HUD for the following purposes: Verification of citizenship or eligible alien status, enforcement of restrictions on the availability of assistance because of such status, or investigation or prosecution of fraud in connection with any Federal housing assistance program.
3. Hud may release the evidence or other information to any Federal, State, or local government agency (including the Social Security Administration and the Immigration and Naturalization Service) for the following purpose: Verification of citizenship or eligible alien status, enforcement of restrictions on the availability of assistance because of such status, investigation or prosecution of fraud in connection with any Federal Housing Assistance Program, or other purposes in connection with administration of HUD programs.
4. Any Federal, State or local agency may release to HUD, or the owner, and information on which HUD, or the owner determines to be necessary for certification of citizenship or eligible alien status, or for enforcement of restriction so on the availability of assistance because of such status.

Date: _____

Signature: _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing Authority Occupancy Specialist or Executive Director.

Initial here: _____

STURGIS HOUSING COMMISSION

Applicant/Tenant Certification

APPLICANT(S) / TENANT(S) STATEMENT:

Giving True and Complete Information:

I/We certify that the information* given to the Sturgis Housing Commission on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

Reporting Changes in Income or Household Changes:

I/We know that we are required to report changes in income and any changes in the household income and size when a person moves in or out of the unit. I/We understand the rules regarding guests/visitors (maximum stay is two weeks) and when I/we must report anyone who is staying with me/us.

Reporting on Prior Assistance:

I/We certify that I/we have disclosed where I/we received any previous Federal Housing Assistance and whether or not any money is owed. I/We certify that for this previous assistance I/we did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance:

I/We certify that the house or apartment will be my principal residence and will not obtain duplicate Federal Housing Assistance while I/we are in the current program.

Cooperation:

I/We know that we are required to cooperate in supplying all information needed to determine eligibility, level of benefits, or verify true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I/We understand failure or refusal to do so may result in delays or termination of assistance, or eviction.

Criminal and Administration Action for False Information:

I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature and Date of Household Adults:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.

*After verifications by the Sturgis Housing Commission, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



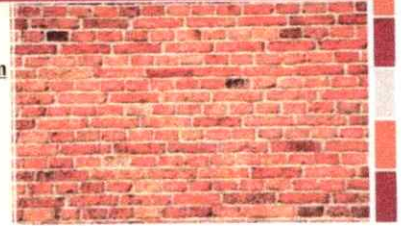
Maple Towers
APARTMENTS

STURGIS HOUSING COMMISSION

Timothy Hill: Executive Director
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Diana Ludwick: Executive Assistant
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Hannah VanKersen: Business Admin
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Nikki Barringer: Deputy Director
nikkibarringer@sturgishousingcommission.com
Jose Balan: Maintenance Supervisor

128 S. Nottawa Street
Sturgis, MI 49091
PH: 269-651-8772 FAX: 269-651-9882



Declaration of Section 214 Status

Notice to applicants and or residents: In order to be eligible to receive the housing assistance sought, each applicant for, or receipt of, housing assistance must be lawfully within the United States of America. Please read the Declaration Statement below carefully, sign and return it to the Sturgis Housing Commission's administration office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing:

I, _____ certify, that under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States of America because:

(check appropriate box)

- I am a citizen by birth, a naturalized citizen or a national of the United States of America;
 - I have eligible immigration status and I am 62 years of age or older (attach evidence of age); or
 - I have eligible immigration status as checked below (attach INS documentation)
 - Immigration status under 101(a)(15) or 101(a)(20) of the Immigration and Nationally Act (INA)
- or;
- Permanent resident under 249 of INA; or
 - Refugee, asylum, or conditional entry status under 207,208 or 203 of the INA; or
 - Parole status under 212(d)(5) of the INA; or
 - Threat to life or freedom under 243(h) of the INA; or
 - Amnesty under 245(a) of the INA

Signature of Applicant/Resident

Date

NS/SAVE Primary Verification #

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

CRIMINAL HISTORY BACKGROUND CHECK
Sturgis Housing Commission

Housing Commissions are authorized under Section 9(b) of Public Law 104-120 signed 03/28/1996 to obtain national criminal history records of adult applicants for, or tenant of, public housing for purposes of applicant screening, lease enforcement, and eviction. (24 CFR Part 5, Subpart J)

Criminal history background checks will be run for drug-related activity, violent criminal activity including sex crimes, and alcohol related criminal activity. If any state or national history is revealed in this search, the specific information will be verified for the Sturgis Housing Commission by the State, the FBI and/or NCIC. If records are revealed, applicant/tenant may be required to submit fingerprints for positive identification of records. Failure to submit fingerprints when a possible match has been made is grounds for immediate termination of the application process or dwelling lease.

Applicant/Tenant authorizes criminal history checks for all adult household members during both the application process and during occupancy by signing the original application for housing or continued occupancy without requirement of future signatures, releases, or additional authorization. Failure to provide authorization is grounds for denial of application. I hereby agree, release, and hold harmless the Sturgis Housing Commission to complete a background check on me.

NAME:

Last

First

Middle

Maiden or other names used _____

Address:

Date of Birth

Race

Sex

Signature of Applicant/Tenant

Date

DO NOT WRITE BELOW THIS LINE

For the Above-Named Person:

Criminal Record

Yes _____ No _____

Registered Sex Offender

Yes _____ No _____

Occupancy Specialist: _____ Date: _____