



608 Pine Street / P.O. Box 928 • Sault Ste. Marie, Michigan 49783  
PHONE 906/635-5841 • FAX 906/635-9500 • TDD No. 1-800-545-1833 Ext. 429 • [www.saulthousing.com](http://www.saulthousing.com)

## **INTERIM RECERTIFICATION/4-FORMS COVER SHEET**

**PLEASE USE THIS COVER SHEET TO INDICATE NEW CHANGE(S) IN  
HOUSEHOLD. USE BLUE OR BLACK INK ONLY.**

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

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

### **INCOME:**

**Employer Name/Wage Info. :** \_\_\_\_\_

**Employer Name/Wage Info.:** \_\_\_\_\_

**Unemployment Benefits:** \_\_\_\_\_

**DHHS Benefits: Food** \_\_\_\_\_ **Cash** \_\_\_\_\_ **State Supp.** \_\_\_\_\_

**Child Support:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **SSI:** \_\_\_\_\_ **Medicare/Medicaid:** \_\_\_\_\_

**Pension/Annuity:** \_\_\_\_\_ **VA:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**None:** \_\_\_\_\_ **Zero Income Form:** \_\_\_\_\_

### **HOUSEHOLD/LEASE REVISIONS:**

**Addition:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Birth Cert:** \_\_\_\_\_ **Social Security Card:** \_\_\_\_\_ **Marriage Cert:** \_\_\_\_\_

**Remove:** \_\_\_\_\_

**Reason:** \_\_\_\_\_



Name change: \_\_\_\_\_  
Supporting Info: \_\_\_\_\_

**BANKS/CREDIT UNIONS:**

Central Savings Bank	_____
Chippewa County Credit Union	_____
Federal Employees Credit Union	_____
Huntington National Bank	_____
Old Mission Bank	_____
mBank	_____
Soo Coop Credit Union	_____
Other: _____	_____

**CHILD CARE:**

**ADD PROVIDER -**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**REMOVE PROVIDER -**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**EDUCATION:**

School Name: \_\_\_\_\_  
Schedule Provided: \_\_\_\_\_ Financial Aide Provided: \_\_\_\_\_

**OTHER CHANGES:**

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

**OFFICE COMMENTS:**

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

Community Service Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_

Work Order Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ PTE: Yes \_\_\_\_\_ No \_\_\_\_\_ / \_\_\_\_\_

WO #: \_\_\_\_\_ Description: \_\_\_\_\_

# Sault Ste. Marie Housing Commission

Established August 21, 1961

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## PERSONAL DECLARATION/4 FORMS

**THIS FORM MUST BE COMPLETED IN YOUR HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD THAT IS LIVING AT LEAST 50 % OF THE TIME AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT IN BLUE OR BLACK INK. NO PENCIL!**

**I. HOUSEHOLD COMPOSITION:** Please list Head of Household followed by all persons who will be/are living in your home.

ADULTS LEGAL NAME	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
		SELF	

  

CHILDREN (WHO LIVE IN HOME AT LEAST 50% OF THE TIME) NAME AS IT APPEARS ON THE Social Security Card	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME

**IF SEPARATED/DIVORCED OR IF THERE'S A PARENT NOT LIVING IN THE HOME, LIST THE NAME AND ADDRESS FOR EACH AS FOLLOWS. Use back of page if additional space is required. Include any incarceration info, if any.**

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_  
PARENT OF (CHILDS NAME) \_\_\_\_\_

NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_  
PARENT OF (CHILDS NAME) \_\_\_\_\_



Equal Housing Opportunity

**II. TOTAL HOUSEHOLD INCOME:** List all money earned or received by **everyone** living in your household. This includes money from all wages, self-employment, child support, Social Security, disability payments (SSI/State), workers compensation, unemployment, retirement benefits, DHHS cash/food, veteran benefits, rental property income, investment/stock dividends, income from bank accounts, alimony, trust disbursements, cash payments from others, and all other sources. Use back of page to explain any additional info required.

HOUSEHOLD MEMBERS	EMPLOYER	TOTAL WAGES WEEKLY	DHHS Food Cash	CHILD SUPPORT MONTHLY	SOCIAL SECURITY /SSI	Unemployment MONTHLY	ALL OTHER INCOME

Is there a court order for child support? Yes      No      Are you receiving the child support? Yes      No  
 If yes, for whom? \_\_\_\_\_ If no, non-paying parent name: \_\_\_\_\_  
 Reason for non-payment: \_\_\_\_\_

### **III. ASSETS**

Do you or any household member own or have interest in any real estate, boat, and/or mobile home? Yes      No

Have you sold any real estate in the last two years? Yes      No

If yes, address and explain \_\_\_\_\_  
 \_\_\_\_\_

Do you have any stocks/bonds/certificate of deposits (CD)? Yes      No

If yes, explain: \_\_\_\_\_

Do you have a retirement/IRA/401k/investment account or Whole Life Insurance?

Yes      No      If yes, list account: \_\_\_\_\_

Do you have savings/checking accounts? Yes      No      If yes, give bank name, account numbers, and amounts: \_\_\_\_\_  
 \_\_\_\_\_

Please provide the following for any vehicle(s) your household will have on the property:

Make/Model/Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Color: \_\_\_\_\_ Do you own this vehicle? Yes      No

Make/Model/Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Color: \_\_\_\_\_ Do you own this vehicle? Yes      No

#### IV. GENERAL INFORMATION

1. Does anyone outside of your household pay for any of your bills or give you money on a regular basis?  
Yes    No    If yes who? \_\_\_\_\_
2. Have you or any other adult members ever used any name(s), Social Security number(s), other than the one you are currently using? Yes    No    If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you or any household members lived in any subsidy (rent) assisted housing? Yes    No  
When? \_\_\_\_\_ Where? \_\_\_\_\_
4. Have you or anyone in your household ever been arrested or convicted of any crime other than traffic violations? Yes    No    If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Have you or anyone in your household ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?  
Yes    No    If yes, please explain to who and why: \_\_\_\_\_  
\_\_\_\_\_
6. Are you in the process of or recently divorced? Yes    No    If yes, when? \_\_\_\_\_  
\_\_\_\_\_
7. Do you pay any out of pocket day care expenses? Yes    No  
If yes, Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
8. Have you or anyone in your household received a one time benefit of \$500.00 or more in the past 6 months from Department of Health and Human Services - Welfare-to-Work Programs or Michigan Works? (i.e. child-care, transportation, car repair assistance)  
Yes    No    Agency: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
When: \_\_\_\_\_

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well and any changes in the household members must be reported to the Sault Ste. Marie Housing Commission in **WRITING WITHIN 10 DAYS.**

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse                                      Date

\_\_\_\_\_  
Signature of Other Adult                              Date

\_\_\_\_\_  
Signature of Other Adult                              Date

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**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.**

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## APPLICANT/TENANTS CERTIFICATION

### Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and Items for allowances and deductions, is accurate and complete to the best of my knowledge. I Have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me, And certify that the information shown is true and correct.

### Reporting Changes in income or Household Composition

I know I am required immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### Reporting on Prior Housing Assistance

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

### No Duplicates Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### Cooperation

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

### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**Signature Of Household Adults**

**Date**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_



Equal Housing Opportunity

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

SAULT STE. MARIE HOUSING COMMISSION  
608 Pine Street - P.O. Box 928  
Sault Ste. Marie, MI 49783

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**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.



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## AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I hereby authorize the Sault Ste. Marie Housing Commission to conduct an investigation into my background for the sole purpose of determining my suitability for obtaining or retaining public housing or a Section 8 Voucher - including my criminal history, credit history report, rental history, driving record, previous employment, educational background, disability status, personal history and any other information that may be required consistent with Michigan and federal law.

I request any custodian of the aforementioned information including law enforcement agencies, judicial officers, current and past employers, medical providers and any other appropriate persons to furnish the Sault Ste. Marie Housing Commission with all such information pertaining to me.

I hereby authorize the release of any and all such records of any confidential information to any member of the Sault Ste. Marie Housing Commission to be used in conjunction with my application for public housing/Section 8 Voucher program or my continued occupancy in public housing or on the Section 8 Voucher Program.

This authorization shall expire 15 months from the date signed. A photocopy of this authorization shall serve as an original.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

