

# Sault Ste. Marie Housing Commission

Established August 21, 1961

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)

Dear Applicant,

Accompanying this letter are the necessary documents to process your application. Before we are able to process your application you must provide a copy of the following:

- Complete in blue or black ink
- MUST RETURN ORIGINAL APPLICATION
- Birth certificates for all applicants
- Social Security cards for all applicants
- Driver's License or other picture ID for adult applicants
- Proof of income and assets for all applicants
- Enclosed Authorization To Release Personal Information for each adult applicant
- Enclosed Declaration of Section 214 Status (citizenship status) for each applicant
- Proof of claimed local preferences
- Proof of custody for minor children
- College Student - prior year tax return (Section 8 only)

Please contact our office with any questions or concerns.

**Thank you for applying, and we hope to  
have the opportunity to serve you. (Rev. 2/16 LL)**



Equal Housing Opportunity

## **INFORMATION VERIFICATIONS**

Federal regulations require you to verify certain statements or claims you make on your application for admission. Below are examples of documents you may use to verify information.

### **CITIZENSHIP/LEGAL RESIDENCE**

BIRTH CERTIFICATE-copy of front and back  
BAPTISMAL CERTIFICATE  
NATURALIZATION CERTIFICATION  
DD 214 (if country of birth is stated)  
PASSPORT

### **SOCIAL SECURITY CARDS**

SOCIAL SECURITY CARD-copy of front and back  
SEAMAN CARD  
W-2 FORM  
DD 214

### **INVOLUNTARY DISPLACED**

DISPLACED BY DISASTER  
GOVERNMENT ACTION  
HOUSING OWNER'S ACTION  
DOMESTIC VIOLENCE  
HOMELESS

### **DRIVER'S LICENSE**

OR OTHER PICTURE ID-copy of front and back

### **EDUCATION**

DIPLOMA/GED  
MICHIGAN WORKS! TRAINING CERTIFICATE  
SCHOOL ID  
SCHOOL SCHEDULE

### **COLLEGE STUDENT – (SECTION 8 ONLY)**

TAX RETURNS

### **CHILD REUNIFICATION**

STATEMENT FROM AGENCY

### **PROOF OF PREGNANCY**

STATEMENT FROM DOCTOR

### **BANK STATEMENTS**

MOST RECENT, **DETAILED** - BANK/CREDIT UNION

### **PROOF OF INCOME**

STATEMENT FROM EMPLOYER  
MOST RECENT 6 WEEKS PAY STUBS  
SOCIAL SECURITY VERIFICATION LETTER  
PENSION VERIFICATION  
DHS BENEFIT STATEMENT  
VA BENEFIT STATEMENT  
UNEMPLOYMENT STATEMENT  
TAX RETURN/1099 (self-employed)

IRA/ANNUITY/INVESTMENTS/STOCKS/BONDS  
401 K/RETIREMENT PLAN/CD/WHOLE LIFE INS.

CUSTODY AGREEMENT  
CHILD SUPPORT ORDER  
FRIEND OF COURT PAYEE STATUS LETTER

TAX STATEMENT/BANK PAYOFF LETTER

### **ACTIVE MILITARY OR VETERAN**

DD 214

1. **Please read the enclosed brochure before filling out this application.**
2. **Please answer all questions. Use NONE or NA if you don't have or it doesn't apply to you.**
3. **This form will be returned to you to complete if you do not answer all questions.**
4. **You must notify the Housing Commission in writing of any changes in address or family status.**
5. **Social Security Cards MUST be included for all family members before your application can be processed.**
6. **IMPORTANT: WHENEVER POSSIBLE, WE USE THIRD PARTY VERIFICATION OF INFORMATION.**

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## APPLICATION FOR HOUSING ASSISTANCE

Please circle program(s) you are applying for: PUBLIC HOUSING and/or SECTION 8 (HUD)

PLEASE PRINT INFORMATION FOR HEAD OF HOUSEHOLD-USE BLUE OR BLACK INK ONLY

Name	Soc. Sec. #	Home Phone #	Work Phone #
Street & Apt. #	City	State	Zip

### I. HOUSEHOLD COMPOSITION (List Head of Household first, then all who will live in the household)

<u>COMPLETE NAME</u>	<u>SOC. SEC. NUMBER</u>	<u>RELATION TO HEAD</u>	<u>OCCUPATION</u>	<u>SEX</u>	<u>BIRTHDATE</u>	<u>AGE</u>

List other names (maiden, alias, etc.) used by anyone listed on the application: \_\_\_\_\_

Do you own a pet(s)? Yes ☐ No ☐ If yes, what kind of animal/breed: \_\_\_\_\_

Does anyone listed on the application smoke, use tobacco, or similar products? Yes ☐ No ☐ If yes, who? \_\_\_\_\_

Does anyone listed on the application require special accommodations for living arrangements? (wheelchair accessibility, etc.): Yes ☐ No ☐

Do you expect any additions to your family? Yes ☐ No ☐

(SECTION 8 ONLY) Are you a student that is claimed on another's tax return? Yes ☐ No ☐

### II. NAMES OF PERSONS WHO COULD BE NOTIFIED IN CASE YOU CANNOT BE REACHED.

<u>NAME</u>	<u>RELATION</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>SPEAKS ENGLISH (YES OR NO)</u>
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Equal Housing Opportunity

**III. ASSETS (A FULL & COMPLETE LIST OF ALL FAMILY ASSETS)**

	Bank Name	Account #	Balance
Checking Account: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Savings Account: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Retirement/401k: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Whole Life Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Certificate of Deposit: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Trust: Yes <input type="checkbox"/> No <input type="checkbox"/>			
U.S. Savings Bonds: Yes <input type="checkbox"/> No <input type="checkbox"/> Value:			
Stocks & Bonds: Yes <input type="checkbox"/> No <input type="checkbox"/> Value:			
Real Estate: Yes <input type="checkbox"/> No <input type="checkbox"/> Location & SEV:			
Land Contract: Yes <input type="checkbox"/> No <input type="checkbox"/> List Total Due, Principle, & Interest:			
Cash or Other: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you disposed of any real estate property or assets in the <b>last two years</b> : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list: _____			

Please provide the year, make, model and license plate number of any vehicles your household will have on the property: \_\_\_\_\_

**IV. INCOME (INDICATE FULL OR PART-TIME WAGES FOR YOURSELF AND EACH PERSON 18 YEARS OR OLDER WHO WILL BE LIVING WITH YOU. INCLUDE SELF EMPLOYMENT, TIPS, OVERTIME, REGULAR WAGES, BONUS, AND COMMISSION BEFORE TAXES)**

NAME	HOURS/ WEEK	HOURLY/WAGE	ANNUAL

**PLEASE LIST OTHER INCOME RECEIVED BY ANY MEMBER OF THE HOUSEHOLD 18 YEARS OR OLDER. This includes: FOOD and CASH from the Department of Health and Human Services (D.H.H.S.), Supplemental Security Income (SSI), Social Security, V.A. Benefits, Retirement, Unemployment Compensation, Workman's Compensation, Child Support, Alimony, Tribal stipend/assistance, or other income (cash from family).**

NAME	SOURCE OF INCOME	AMOUNT	WEEK	MONTH	ANNUAL
OFFICE USE ONLY:		TOTAL GROSS INCOME _____			

**V. LOCAL RESIDENCE (all adults to answer)**

- A. Have you ever rented from the Sault Ste. Marie Housing Commission? Yes ☐ No ☐  
If yes, please list address: \_\_\_\_\_
- B. Have you ever participated in the Section 8 Program? Yes ☐ No ☐ If yes, when: \_\_\_\_\_
- C. Have you ever applied for Public Housing before? Yes ☐ No ☐ \_\_\_\_\_
- D. Does/Can anyone else claim you as a dependent? Yes ☐ No ☐ If so, who? \_\_\_\_\_
- E. Please list last two landlord references-**THIS IS MANDATORY:** \_\_\_\_\_

\*\*\*\*Provide address information for **ALL ADULTS** on application. Use backside of page if necessary\*\*\*\*

**PRESENT ADDRESS** \_\_\_\_\_ How Long \_\_\_\_\_  
Did you rent from this address? \_\_\_\_\_ If not, with whom did you reside? \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City, State & Zip code \_\_\_\_\_  
Did this Landlord evict you? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_ How Long \_\_\_\_\_  
Did you rent from this address? \_\_\_\_\_ If not, with whom did you reside? \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's Address \_\_\_\_\_  
City, State & Zip code \_\_\_\_\_  
Did this Landlord evict you? \_\_\_\_\_ If yes, explain why \_\_\_\_\_

List any **OTHER landlord** you have had - their name, address and **whether they evicted you.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. UTILITY HISTORY (all adults)**

- A. Which utility companies has any adult listed on the application done business with? \_\_\_\_\_
- B. Is/was the account in your name? Yes ☐ No ☐ Do you have a balance due? Yes ☐ No ☐  
Current: \_\_\_\_\_ Past Due: \_\_\_\_\_

**VII. CRIMINAL HISTORY-Complete for ALL in household**

- A. Have you or any one listed on the application **ever been arrested or convicted** of any offense other than a minor traffic violation? Yes ☐ No ☐ If yes, individual's name, year and nature of offense: \_\_\_\_\_  
\_\_\_\_\_
- B. Are you or any one listed on the application a current illegal abuser or addict of a controlled substance or currently engaging in the illegal use of drugs? Yes ☐ No ☐ \_\_\_\_\_
- C. Have you or any one listed on the application **ever been arrested or convicted** of the manufacture or distribution of a controlled substance? Yes ☐ No ☐ \_\_\_\_\_
- D. Have you or any individual on the application, including children, ever been involved with fires that have resulted in damages to buildings, personal property or possessions; or other property?  
Yes ☐ No ☐ If yes, which applicant and nature of offense: \_\_\_\_\_

**VIII. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY.  
PLEASE CHECK ALL THAT APPLY TO THE HEAD OF HOUSEHOLD.**

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Native Alaskan
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic

**To assist you now and in the future please check which agencies you are currently working with and your contact person.**

Dept. of Health & Human Services \_\_\_\_\_ Community Action Agency \_\_\_\_\_ Michigan Works! \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

Diane Pepler Shelter \_\_\_\_\_ E.U.P. Behavioral Health \_\_\_\_\_ Chipp. Co. Health Dept. \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

New Hope House \_\_\_\_\_ Salvation Army \_\_\_\_\_ HARA/Shelter \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

Marquette General Hospital \_\_\_\_\_ Sault Tribe of Chippewa Indians. \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further understand that **this is not a contract and does not bind either party.** The above information is full, true and complete to the best of my knowledge, and I understand that my selection for public housing will be contingent upon the Housing Commission being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me will result in denial of housing assistance and may result in my eviction from any dwelling unit obtained from the Housing Commission. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Further, I certify that I have received a copy of The Federal Privacy Act Statement.

**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.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Intimidatory or retaliatory action or threat thereof against any applicant or tenant because of participation in civil rights activities or having asserted any rights under the Civil Rights Act and HUD Regulations, and requirements is prohibited.

## LOCAL PREFERENCES

The Sault Ste. Marie Housing Commission will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities. **VERIFICATION IS REQUIRED.**

**A. EMPLOYMENT/EDUCATION (20 POINTS) \_\_\_\_\_**

Applicants with an adult family member enrolled in an employment training program, currently working a minimum of 20 hours a week, or attending school on a full-time basis. This preference is extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work; or active participant in, an educational or training program designed to prepare individuals for the job market.

**B. ACTIVE MILITARY OR VETERAN (5 POINTS) \_\_\_\_\_**

Active military or Veterans can obtain housing preference points by providing their DD 214.

**C. CHILD REUNIFICATION (1 POINT) \_\_\_\_\_**

Applicant family has been identified by local public agencies involved in providing for the welfare of children as having a lack of adequate housing that is a primary factor in the imminent placement of a child in foster care, or in preventing the discharge of a child from foster care and reunification with the child's family.

**D. INVOLUNTARILY DISPLACED (20 POINTS) \_\_\_\_\_**

**Displaced by Disaster:** An applicant's unit is uninhabitable because of a disaster, such as a fire or flood;

**Government Action:** 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;

**Housing Owner's Action:** Action by a housing owner forces the applicant to vacate its unit and the applicant cannot control or prevent the owner's action; occurs although the applicant met all imposed conditions of occupancy; and the action taken by the owner is other than a rent increase (i.e. conversion of unit to non-residential; closing unit for rehab or any other reason; owner wants unit for personal or family use or occupancy; sale of the unit; and any other legally authorized act that results or will result in withdrawal of the unit from the rental market;

**Domestic Violence:** of a recent and continuing nature, which results in the applicant vacating a unit because of domestic violence, or living in a unit with an individual who engages in such domestic violence. Domestic violence means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant's household. For an applicant to qualify as involuntarily displaced because of domestic violence, the Housing Commission must determine that the domestic violence occurred recently or is of a continuing nature, the applicant must certify that the person who engaged in such violence will not reside with the applicant family unless the Housing Commission has given advance written approval. If the family is admitted, the Housing Commission may deny or terminate assistance to the family for breach of this certification.

**E. HOMELESS FAMILY (1 POINT)** \_\_\_\_\_

**Any individual or family member:**

1. With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including car, park, abandoned building, bus or train station, airport or camping ground; **or**
2. Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels & motels paid for by charitable organizations or by federal, state, or local governments programs for low-income individuals); **or**
3. Who is fleeing or is attempting to flee, domestic violence, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child that has taken place within the family's primary nighttime residence or has made the family afraid to return to their primary nighttime residence, has no other residence and lacks the resources or support network, e.g. family, friend, faith based or social networks, to obtain other permanent housing.

**Note:** A “*homeless family*” does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

Applicants will be offered a unit based on the total number of preference points, date and time of application. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

**I certify that my present circumstances qualify me for one or more of the preferences as outlined above. I understand if my circumstances change, I may no longer qualify for preference. I also understand it is MY responsibility to provide proof, to the satisfaction of the Sault Ste. Marie Housing Commission that I qualify for the preference.**

**Applicant Signature**

Date \_\_\_\_\_

**Applicant Signature**

Date \_\_\_\_\_

**Applicant Signature**

Date \_\_\_\_\_

**Applicant Signature**

Date \_\_\_\_\_



## FOR OFFICE USE ONLY

PREFERENCE		POINTS	DOCUMENTED
A.	Employment/Education	20	_____
B.	Active Military or Veteran	5	_____
B.	Child Reunification	1	_____
C.	Involuntarily Displaced	20	_____
D.	Homeless	1	_____

**TOTAL PREFERENCE POINTS:** \_\_\_\_\_

**CERTIFICATION:** On the basis of the information received, the applicant family is found to be:

	<u>PUBLIC HOUSING</u>			<u>SECTION 8</u>	
	Elig.	Inelig.		Elig.	Inelig.
Extremely Low	_____	_____		_____	_____
Very Low	_____	_____		_____	_____
Low	_____	_____		_____	_____

Household Income \$ \_\_\_\_\_

Date on waiting list: \_\_\_\_\_

PHA Signature, Title & Date: \_\_\_\_\_

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### TELEPHONE LOG

DATE/TIME	UNIT OFFERED	LOCATION OF UNIT	APPLICANT RESPONSE

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**APPLICATION REMOVED:**

DATE: \_\_\_\_\_ REASON: \_\_\_\_\_ INITIAL: \_\_\_\_\_

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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) \_\_\_\_\_



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**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. **If something does not apply to you write N/A.**

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, or currently live, 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/Co-Head      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.

# Sault Ste. Marie Housing Commission

Established August 21, 1961

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)

## 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





## Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under 101(a) or 1010(a)(20) of the INA 3/; or
  - ☐ Permanent residence under 249 of INA 4/; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
  - ☐ Parole status under 212(d)(5) of the INA 6/; or
  - ☐ Threat to life or freedom under 243(h) of the INA 7/; or
  - ☐ Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

- 1     **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2     Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3     Immigrant status under §§101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4     Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5     Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been "terminated" under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6     Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7     Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8     Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required. **Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.



## SAULT STE. MARIE HOUSING COMMISSION

608 Pine Street  
P.O. Box 928  
Sault Ste. Marie, Michigan 49783

PHONES & FAX  
906/635-5841  
FAX 906/635-9500  
TDD No. 1-800-545-1833  
Ext. 429

### FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Sault Ste. Marie Housing Commission (the Authority) at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security Number (SSN), income (by sources), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN's of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN (s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN (s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35; 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

**SIGNATURE; I read the Federal Privacy Act Statement on \_\_\_\_\_**  
Date

Head of Household

Other Adult



COPY



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**SIGNATURE; I read the Federal Privacy Act Statement on \_\_\_\_\_**  
Date

Head of Household

Other Adult



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

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

**I hereby acknowledge that the PHA provided me with the  
 Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**RHIP**

**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

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Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### Where can I obtain more information on EIV and the income-verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/eiv/eivpublicandindianhousing/eivpublicandindianhousing.html>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Sault Ste. Marie Housing Commission

Established August 21, 1961

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)

## PERSONAL REFERENCE INFORMATION FORM

### PLEASE NOTE:

**YOU HAVE STATED THAT YOU HAVE \_\_\_\_\_ PAST LANDLORDS, THEREFORE  
IT IS NECESSARY FOR YOU TO PROVIDE \_\_\_\_\_ PERSONAL REFERENCES.  
PERSONAL REFERENCES CANNOT BE RELATED TO ANYONE IN THE  
HOUSEHOLD OR BE A SOCIAL/CASEWORKER.**

### PERSONAL REFERENCE INFORMATION

REFERENCE NAME	COMPLETE STREET ADDRESS	CITY, STATE & ZIP CODE

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Equal Housing Opportunity