

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

4-FORMS COVER SHEET **FOR INTERIM RECERTIFICATION**

USE BLUE OR BLACK INK ONLY.

Head of Household: _____

Address: _____ **Date:** _____

Phone #: _____ **Email address:** _____

Instructions: ***ONLY*** complete the sections on this cover sheet that are necessary to tell us what the changes are in your household. You must also complete in full the attached 4-forms. Please provide copies of documentation to verify the change(s) you are reporting (i.e. letter of hire/termination, pay stubs, benefit letter, birth certificate, etc.).

Income:

I am reporting income changes for this family member: _____

Type of Change:

Increased Income Decreased Income Effective date of change: _____

Source of Income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Started Working | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Wage Decrease |
| <input type="checkbox"/> Stopped Working | <input type="checkbox"/> DHHS Cash Assistance | <input type="checkbox"/> Wage Increase |
| <input type="checkbox"/> Change of Employment | <input type="checkbox"/> Assets | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Veteran Benefits | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Other: _____ | | |

Comments:

Updated: 01/2024



Child Care:

- Started Paying Child Care Expenses Out-of-Pocket
- Stopped Out-of-Pocket Child Care Expenses
- New Child Care Provider:

NAME: _____
ADDRESS: _____
PHONE: _____

HOUSEHOLD/LEASE REVISIONS:

- Add a household member (Unless the new household member is a newborn, adult members ***may not*** move into the home until their housing application has been processed and you have received approval from the Housing Commission.):

Proposed date of move-in: _____ Relationship: _____
Name of new family member: _____
Date of birth: _____ Social Security No.: _____
Reason for request to add: _____

- Remove a household member:

Household member to be removed: _____
Effective date of move out: _____
Reason for request to remove: _____

OTHER CHANGES:

OFFICE COMMENTS:

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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 and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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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

