

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

Dear Applicant(s),

The following documents are needed to process your housing application. If you are unable to obtain any of these items, please refer to the back of this page for alternative options.

- **Birth certificates** for all applicants
- **Social Security cards** for all applicants
- **Driver's License** or other photo ID for all adult applicants
- **Proof of income and assets** for all applicants
- **Proof of custody/child support** for any minor children
- **Authorization to Release Personal Information** (enclosed) for all adult applicants
- **Declaration of Section 214 Status** (enclosed) for all applicants
- **College Student** - prior year tax return (Section 8 only)

Please contact our office if you have any questions or concerns.

*Thank you for applying and we look forward to
the opportunity to assist you.*



INFORMATION VERIFICATIONS

Federal regulations require verification of certain claims made on your housing application. Below are examples of documents that may be accepted based on the information you provide.

Citizenship & Legal Residence

- Birth Certificate (copy of front and back)
- Passport
- Naturalization Certificate
- Baptismal Certificate
- Legal Name Change Order

Social Security Documents

- Social Security Card (copy of front and back)
- W-2 Form

Driver's License

- Other Picture ID (copy of front and back)

College Student (Section 8 Applicants Only)

- Prior Year Tax Return

Active Military or Veteran

- DD214

Proof of Income

- Most Recent (6) Consecutive Weeks of Pay Stubs
- Statement from Employer
- Social Security Benefit Letter
- Pension Verification Letter
- Veteran Benefit Letter
- Unemployment Benefit Statement
- DHHS Food/Cash Assistance Letter
- Tax Return (College Student – Section 8 Only)
- 1099 Tax Return (Self-Employed)

Proof of Assets

- Most Recent, 30-Day Bank Statement (including transactions)
- Statement for IRA, Annuity, Investments, Stocks, Bonds, or Certificate of Deposit
- Statement for 401(k), Retirement Plan, or Whole Life Insurance

Custody & Child Support Documents

- Child Custody Order
- Uniform Child Support Order
- Payee Status Letter
- Child Reunification (Statement from Agency)
- Adoption Certificate

APPLICATION INSTRUCTIONS:

1. Complete the application using blue or black ink only.
2. All questions must be answered. If a question does not apply to you, write “N/A” (not applicable).
3. If any questions are left unanswered, the application will be returned to you.
4. You must notify the Sault Ste. Marie Housing Commission of any changes to your mailing address or household composition.
5. Social Security Cards are required for all family members.



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APPLICATION FOR HOUSING ASSISTANCE

Please check the program(s) you are applying for: PUBLIC HOUSING SECTION 8 (HCV)

Please print information for the Head of Household:

Full Name:	Social Security Number:	Phone #:	
Street Address:	City:	State:	Zip Code:
Email Address:			

I. HOUSEHOLD COMPOSITION: (List all household members, beginning with the Head of Household.)

II. HOUSEHOLD INFORMATION:

1. Has anyone listed on the application used any other names (e.g., maiden name, alias, etc.)? Yes No
If yes, list prior names: _____
2. Is anyone on the application claimed as a dependent on a tax return outside the household? Yes No
If yes, who? _____
3. Do you have a pet? Yes No If yes, what kind? _____

EMERGENCY CONTACT: _____

Name _____

Relationship

Phone Number



III. STUDENT STATUS:

1. Are any household members over the age of eighteen (18) currently enrolled as a full-time student in college or higher education (*online or in-person*)? Yes No

If yes, please answer the following questions:

- Student's name and school: _____
- Does this student receive any financial aid or scholarships? Yes No

IV. FAMILY ASSETS: (All household members must list their individual assets in the relevant sections below.)

Asset Type	Account Holder(s)	Financial Institution	Account #	Balance
Checking Account:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Savings Account:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Retirement/401(k):	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"/>			
IRA:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prepaid Funeral Account:	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"/>			
Stocks & Bonds:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other (please specify):				

1. Does anyone on the application own or have an interest in real estate or a mobile home? Yes No

If yes, list the address and State Equalized Value (SEV): _____

2. Has anyone disposed of any real estate property or assets in the last two (2) years? Yes No

If yes, please specify: _____

3. Does anyone on the application have a vehicle(s) that will be parked on the property? Yes No

If yes, list make, model, license plate number, and color: _____

V. EMPLOYMENT INFORMATION:

1. Are any household members currently employed? Yes No

If yes, answer the following questions for each employed household member. If more than one person is employed, indicate whose information is being provided by writing their name next to each response:

- Where are you employed? _____
- What is your hourly wage? _____
- How many hours do you work per week? _____
- Are you full-time or part-time? Full-Time Part-Time
- Do you receive any of the following additional income from employment? (Check all that apply)
 Overtime Bonuses Commissions Tips

VI. INCOME INFORMATION:

1. Do any household members receive income from sources other than employment? Yes No

If yes, check all that apply:

Income Type	Household Member(s)	Gross Amount	Frequency
<input type="checkbox"/> Food Assistance from D.H.H.S.			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Cash Assistance from D.H.H.S.			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> SSI (Supplemental Security Income)			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Social Security			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> V.A. Benefits			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Retirement Income			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Unemployment Benefits			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Child Support			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Alimony			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Tribal Assistance			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Cash from outside the household			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>
<input type="checkbox"/> Other (please specify): _____			Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>

VII. RENTAL ASSISTANCE HISTORY:

1. Has anyone in the household ever rented from the Sault Ste. Marie Housing Commission? Yes No
If yes, list address and when: _____
2. Has anyone in the household ever participated in a Public Housing or Section 8 Program? Yes No
If yes, list address and when: _____

VIII. ADDRESS HISTORY: (List current and previous addresses for all adult applicants.)

Current Address: _____ How long have you lived here? _____

Do you rent at this address? Yes No If no, who owns this property? _____

If yes, list landlord's name: _____ Landlord's Phone Number: _____

Are you being evicted from this address? Yes No If yes, explain: _____

Previous Address: _____ How long have you lived here? _____

Did you rent at this address? Yes No If no, who owned this property? _____

If yes, list landlord's name: _____ Landlord's Phone Number: _____

Were you evicted from this address? Yes No If yes, explain: _____

Other Addresses:

Has anyone in the household had any other landlords aside from the ones listed above? Yes No

If yes, provide the landlord's name, rental address, and indicate if you were evicted: _____

Has anyone in the household resided at any other address besides the ones listed above? Yes No

If yes, list the previous addresses: _____

IX. UTILITY HISTORY:

1. Has any adult on the application ever had or currently have a utility account? Yes No
If yes, under whose name? _____ Do you have an outstanding balance? Yes No
If yes, list the utility company and the past due amount: _____

X. BACKGROUND & CRIMINAL HISTORY:

1. In the past three (3) years, has anyone listed on the application ever been arrested and/or convicted of any offense, excluding minor traffic violations? Yes No If yes, explain: _____

2. Has any household member ever been arrested or convicted for manufacturing or distributing a controlled substance on federal property? Yes No
3. Has any household member engaged in the illegal use of drugs in the past 12 months? Yes No
4. Does anyone in the household smoke, vape, or use other similar tobacco products? Yes No

XI. DEMOGRAPHIC INFORMATION: (This information is for Statistical Purposes Only. Check all boxes that apply to the Head of Household.)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Non-Hispanic or Latino

To help us assist you now and in the future, please check the agencies you are currently working with and provide your contact person (if applicable).

<input type="checkbox"/> Chippewa County Health Department	Contact Person:
<input type="checkbox"/> Community Action Agency	Contact Person:
<input type="checkbox"/> Department of Health and Human Services	Contact Person:
<input type="checkbox"/> Diane Peppler Shelter	Contact Person:
<input type="checkbox"/> E.U.P. Behavioral Health	Contact Person:
<input type="checkbox"/> Great Lakes Recovery	Contact Person:
<input type="checkbox"/> Housing Assessment and Resource Agency (HARA)	Contact Person:
<input type="checkbox"/> Lodge of Bravery	Contact Person:
<input type="checkbox"/> Michigan Works!	Contact Person:
<input type="checkbox"/> New Hope House	Contact Person:
<input type="checkbox"/> Salvation Army	Contact Person:
<input type="checkbox"/> Sault Tribe of Chippewa Indians	Contact Person:
<input type="checkbox"/> Other (please specify):	Contact Person:

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.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802).

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Head: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Any intimidation, retaliation, or threats against an applicant or tenant due to their participation in civil rights activities or the assertion of rights under the Civil Rights Act and HUD regulations is strictly prohibited.

XII. LOCAL PREFERENCES:

The Sault Ste. Marie Housing Commission will prioritize families according to the following preferences within each bedroom size category, based on local housing needs and priorities. Among applicants with the same preference points, the date and time of application will be used to determine placement on the waiting list. Documentation to verify the selected preference points is required.

Please check all that apply to your household:

A. HCV Abatement-Affected Family Preference (25 points)

A preference is given to families whose Housing Assistance Payment (HAP) contract has been terminated due to the landlord's failure to make necessary repairs on time and who were unable to secure a new unit before the voucher expired. Each case will be reviewed individually by the Public Housing Agency (PHA).

B. Working Family Preference (20 points)

A preference is given to families where at least one household member works a minimum of 20 hours per week. This applies to the head of household, spouse, co-head, or sole member. In accordance with HUD guidelines, households where the head of household, spouse, or sole member is 62 years of age or older, or has a disability, will also qualify for this preference.

C. Involuntarily Displaced Preference (10 points)

A preference is given to families who have been displaced from their homes within the last 60 days of the application date due to one of the following reasons. Please check the situation that applies to you:

- Displaced by Disaster:** Applicant's unit is uninhabitable due to a disaster, such as fire or flood.
- Government Action:** Action by a government agency (federal, state, or local) related to code enforcement or public improvement projects.
- Housing Owner's Action:** The owner forces the applicant to vacate the unit for reasons beyond the applicant's control, such as converting the unit, rehab closure, or personal use, excluding rent increases.
- Domestic Violence:** The family must vacate the unit due to recent or ongoing domestic violence or resides with someone engaging in domestic violence. 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.

D. Homeless Preference (10 points)

A preference is given to families who lack a fixed, regular, and adequate nighttime residence. This includes those living in temporary shelters, institutions, or places not meant for human habitation. Families temporarily staying with friends or relatives are not considered homeless under this preference.

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

E. Active Military or Veteran (5 points)

A preference is given to families where the head of household, spouse, or sole member is a current or former member of the U.S. Armed Forces. Veterans must provide a DD214 form to verify their service. This preference applies to veterans discharged under conditions other than dishonorable.

F. Child Reunification (1 point)

A preference is given to families identified by local agencies as lacking adequate housing, which could lead to a child's placement in foster care or hinder reunification with the child's family.

G. No Preference (0 Points)

I/We do not claim any of the above-listed preferences.

I CERTIFY THAT MY CURRENT SITUATION EITHER QUALIFIES ME FOR ONE OR MORE OF THE PREFERENCES LISTED ABOVE OR THAT I DO NOT QUALIFY FOR ANY PREFERENCES. I UNDERSTAND THAT IF MY CIRCUMSTANCES CHANGE, I MAY NO LONGER QUALIFY FOR THE PREFERENCE. I ALSO ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO PROVIDE SUFFICIENT DOCUMENTATION TO THE SAULT STE. MARIE HOUSING COMMISSION TO VERIFY THAT I MEET THE ELIGIBILITY CRITERIA FOR THE PREFERENCE.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Co-Head: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____



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APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided regarding household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition

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

Reporting on Prior Housing Assistance

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

No Duplicate 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 participating in this current program. I will notify the Housing Commission immediately in writing if I live anywhere else. I will not sublease my assisted residence.

Cooperation

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

Signature of All Household Adults:

Date:

1. _____
2. _____
3. _____
4. _____



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.

Sault Ste. Marie Housing Commission

Established August 21, 1961

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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 a Public Housing or a Section 8 Voucher. This includes reviewing my criminal history, credit history, rental history, current and prior employment, educational background, disability status, and any other relevant information in accordance with Michigan and federal law.

I request that any custodians of the aforementioned information, including law enforcement agencies, judicial officers, the Department of Health and Human Services (DHHS), medical providers, or any other appropriate persons provide the Sault Ste. Marie Housing Commission with any information pertaining to me.

I authorize the release of all such records and confidential information to any member of the Sault Ste. Marie Housing Commission to be used in conjunction with my application for Public Housing or a Section 8 Voucher, or for my continued participation in these programs.

This authorized 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/, 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.
 - Immigration 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 the, 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 and re-examination. 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 may 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 a 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 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





SAULT STE. MARIE HOUSING COMMISSION

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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.

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

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

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:**

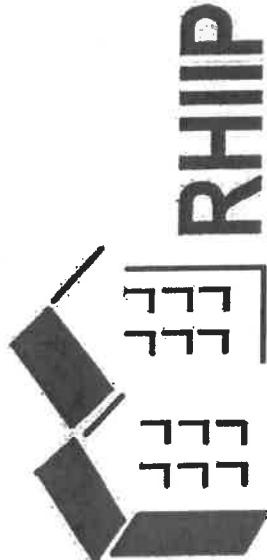
Signature

Date

Printed Name



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



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 EIIV 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.

What You Should Know About EIIV

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

What is EIIV?

The Enterprise Income Verification (EIIV) 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 EIIV system.

What information is in EIIV 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).

The information in EIIV 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 EIIV 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. EIIV 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.

EIIV 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.

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.

Head of Household _____
Other Adult _____

Date _____
Spouse/Co-Head _____
Date _____
Other Adult _____

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. 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: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH 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.

Date _____
Date _____
Date _____



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

PERSONAL REFERENCE INFORMATION FORM

You indicated that you have _____ past landlords. Therefore, you must provide _____ personal references in the spaces below.

Personal references cannot be a landlord or related to anyone in your household.

1. Reference Name: _____

- Relationship: _____
- Mailing Address: _____
- Phone Number: _____
- Email Address (if applicable): _____

2. Reference Name: _____

- Relationship: _____
- Mailing Address: _____
- Phone Number: _____
- Email Address (if applicable): _____

3. Reference Name: _____

- Relationship: _____
- Mailing Address: _____
- Phone Number: _____
- Email Address (if applicable): _____

Applicant Signature

Date

Applicant Signature

Date

