



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 REEXAMINATIONS

INSTRUCTIONS: Complete only the sections of this cover sheet that apply to report the recent household changes. **The attached 4-forms must still be completed in full.** Include documentation to verify the reported change (e.g., pay stubs, Social Security benefit letter, unemployment benefit letter, etc.). Forms may be typed or completed in blue or black ink; pencil or colored ink will not be accepted.

Head of Household: _____

Address: _____ **Date:** _____

Phone Number: _____ **Email address:** _____

I am reporting changes for household member(s): _____

TYPE OF CHANGE:

Increased Income Decreased Income Change in Assets Effective Date: _____

REASON FOR CHANGE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Started Working at: _____ | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Veteran Benefits |
| <input type="checkbox"/> Stopped Working at: _____ | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Pension Benefits |
| <input type="checkbox"/> Employment Wages | <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> DHHS Food/Cash Assistance |
| <input type="checkbox"/> Employment Hours | <input type="checkbox"/> Child Support | <input type="checkbox"/> 401(k)/Retirement Plan |
| <input type="checkbox"/> Other (specify): _____ | | |

Additional Comments:

(continued on back page)

CHILD CARE:

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

Name: _____
Address: _____
Phone: _____

HOUSEHOLD COMPOSITION CHANGES:

- Add a household member
(Note: New adult household members must complete an application and be approved before move-in. This requirement does not apply to newborns.)

Requested date of move-in: _____
Name: _____
Relationship: _____
Date of birth: _____
Social Security No.: _____

- Remove a household member

Move-out date: _____
Household Member: _____
Reason for leaving: _____

OTHER HOUSEHOLD CHANGES:

FOR OFFICE USE ONLY:



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PERSONAL DECLARATION/4-FORMS

INSTRUCTIONS: All household changes must be reported **within ten (10) business days**. Forms may be typed or completed in blue or black ink; pencil or colored ink will not be accepted. Each household member must use their full legal name, and all adult members must sign and certify that the information provided is true and complete.

I. HOUSEHOLD COMPOSITION:

ADULT(S) LEGAL NAME	DATE OF BIRTH	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
		HEAD	

DEPENDENTS (UNDER THE AGE OF 18)	DATE OF BIRTH	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER

IF SEPARATED, DIVORCED, OR THE OTHER PARENT OF THE DEPENDENT(S) IS NOT LIVING IN THE HOUSEHOLD, PROVIDE THE FOLLOWING INFORMATION:

NAME

STREET ADDRESS (IF KNOWN)

CITY, STATE, ZIP (IF KNOWN)

RELATIONSHIP TO DEPENDENT

NAME

STREET ADDRESS (IF KNOWN)

CITY, STATE, ZIP (IF KNOWN)

RELATIONSHIP TO DEPENDENT

II. INCOME: INCLUDE INCOME RECEIVED BY ALL HOUSEHOLD MEMBERS

<p>Employment: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Household Member: _____</p> <p>Employer: _____</p> <p>Pay Rate/Frequency: _____</p> <p>Household Member: _____</p> <p>Employer: _____</p> <p>Pay Rate/Frequency: _____</p> <p>Household Member: _____</p> <p>Employer: _____</p> <p>Pay Rate/Frequency: _____</p> <p>Food Assistance (DHHS): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Household Member: _____</p> <p>Household Member: _____</p> <p>Cash Assistance (DHHS): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Household Member: _____</p> <p>Gross Amount: _____</p>	<p>SSI/Social Security: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Household Member: _____</p> <p>Gross Amount: _____</p> <p>Household Member: _____</p> <p>Gross Amount: _____</p> <p>Child Support: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is it being received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, amount: \$ _____</p> <p>Unemployment Benefits: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Household Member: _____</p> <p>Gross Amount: _____</p> <p>Other Income: _____</p> <p>Household Member: _____</p> <p>Gross Amount: _____</p> <p>Frequency: _____</p>
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III. ASSETS:

1. Does any household member currently own, have an interest in, or have disposed of real estate or a mobile home in the last two (2) years? Yes No
If yes, specify (address, SEV, or details of sale/transfer): _____

2. Does any household member have a checking or savings account? Yes No
If yes, specify household members and financial institution(s): _____

3. Does any household member have a retirement account, pension, or 401(k)? Yes No
If yes, specify: _____

4. Does any household member have a prepaid funeral account, IRA, CD, trust, investment account, stocks, or bonds? Yes No
If yes, specify: _____



IV. GENERAL INFORMATION:

1. Does anyone outside your household **regularly** pay your bills or give you money? **Yes** **No**
If yes, provide name, address, phone number, amount, and frequency: _____

2. Do you pay out-of-pocket childcare expenses due to work, school, or training? **Yes** **No**
If yes, provide the following: Name/Agency: _____
Address: _____ Phone #: _____
3. If any household member is age 62 or older, or if the head, spouse, or co-head is disabled, have you paid any out-of-pocket medical expenses not covered by insurance? **Yes** **No**
If yes, provide providers name(s) and amounts paid: _____

4. Is any household members aged (18) or older considered a full-time student? **Yes** **No**
If yes, provide name of student and school: _____
5. Has any household member ever been arrested or convicted of any crime (other than traffic violations) in the past three (3) years? **Yes** **No**
If yes, explain: _____

6. **Public Housing Residents Only:** Will any vehicles be kept on the property? **Yes** **No**
If yes: Make/Model: _____ License Plate: _____ Color: _____
Make/Model: _____ License Plate: _____ Color: _____

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 Other Adult Date

Signature of Spouse or Co-Head Date

Signature of Other Adult Date

Phone Number: _____

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

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 immediately to report, in writing, any changes in income or household size, 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. _____

- _____
- _____
- _____
- _____





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AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I/We 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/We 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/We 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 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

PRINTED NAME

SIGNATURE

DATE

