



Saginaw Chippewa Housing
Low Rent Application

2451 Nish Na Be Anong

Mt. Pleasant, MI 48858

Phone: (989) 775-4595

Toll Free: (989) 1-800-894-9887

Fax: (989)775-4580

Please take this form with you and return it with all the documents that are checked. These documents must be on file for your application to be correctly processed.

_____ Three landlord references and addresses from non-relatives

_____ Three letters of reference from non-relatives

_____ Documentation of income, pay stubs, or per capita stubs, etc.

_____ Copies of Social Security Cards for **ALL** family members.

_____ Copies of Tribal Enrollment cards for all family members for documentation of being Native American.

_____ Documentation of homelessness, substandard living conditions or paying 50% or more of income for rent.

_____ Documentation of assets.

Please be advised that you need to contact our office every ninety days to update your application. If you do not contact us, you will be taken off the Waiting List at the end of the ninety (90) days.

Signature of Applicant: _____

Date: _____

Please return all applications to:
Saginaw Chippewa Housing
2451 Nish Na Be Anong
Mt. Pleasant, MI 48858

RELEASE OF INFORMATION AGREEMENT

APPLICANT/CLIENT INFORMATION:

Name: _____

Alias: _____

Maiden Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Day time Telephone Number: Area Code (____) _____

Social Security Number: _____

Driver's License Number: _____

***I HEREBY AUTHORIZE CONFIDENTIAL INFORMATION TO BE RELEASED
BETWEEN THE AGENCIES LISTED IN THE AGREEMENT***

Signed: _____

Dated: _____

**AGENCIES RELEASING INFORMATION TO EACH OTHER MAY INCLUDE
(BUT ARE NOT LIMITED TO):**

**Saginaw Chippewa Housing
2451 Nish Na Be Anong
Mt. Pleasant, MI 48858**

Support and Alimony Providers
Child Care Providers
Retirement Systems
Courts and Post Offices
Social Security Administration
Tribal and/or State Social Services
Department of Social Services
Utility Companies
Law Enforcement Agencies
Credit Provider/Credit Bureaus
Previous Landlords
Schools and Colleges
Previous and Current Employers

THINGS YOU SHOULD KNOW

Purpose

Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and recertification forms:

This is to inform you that there is certain information you must provide when applying for assisted housing: There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud

The United States Department of Agriculture, USDA Farmer's Home Administration (FmHA) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be:

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000.00
- Imprisoned for up to 5 years, and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions

When you sit down with the person who goes over your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out the answer for you.

Completing the Application Form

When you give your answers to application questions, you must include the following information:

- All sources of funds you and the members of your family receive in wages, disability, welfare payments, alimony, social security, pensions, per capita, etc.
- Any money you receive in behalf of your children, including child support, social security for children, etc.
- Income from assets, interest from savings accounts, credit unions, certificates of deposit or dividends from stocks, bonds, etc.
- Earnings from a second job or a part time job, including tips
- Any anticipated income such as a bonus or pay raise you expect to receive

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children.

Family Household Members

The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- ❑ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- ❑ When you sign application and recertification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- ❑ Information you give on your application will be verified by your housing agency. In addition, Housing may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

Recertification

You must provide updated information at least once a year. You are also required to report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- ❑ All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- ❑ Any family/household member who has moved in or out.
- ❑ All assets that you or your family/household member owns and any asset that was sold in the last two (2) years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- ❑ Do not pay any money to move up on the waiting list.
- ❑ Do not pay for anything not covered by your lease.
- ❑ Get a receipt for any money you pay.
- ❑ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing Manager. If you cannot report to the manager, report to the Planning Office Director at 775-4014.

Signature

Date: _____

NOTE: Because of past problems with applications not being kept updated and to avoid future problems, please notify the Housing Office if you move or your family status changes. Without current information, you may be removed from the waiting list.

NOTE: ALL INFORMATION IS SUBJECT TO VERIFICATION

Preferences are given for priority ranking on the waiting list: Please check one if needed. **THIS CANNOT BE PROCESSED WITHOUT WRITTEN VERIFICATION:**

- 1 _____ Involuntarily Displaced: Explain: _____
- 2 _____ Substandard Housing: Explain: _____
- 3 _____ 50% Income for Rent: Explain: _____

APPLICANT

Applicant No. 1

Name: _____
Current Address: _____
City, State, Zip Code: _____
Home Phone: _____ Work Phone: _____
Driver's License Number: _____

Applicant No. 2

Name: _____
Current Address: _____
City, State, Zip Code: _____
Home Phone: _____ Work Phone: _____
Driver's License Number: _____

List Names, Addresses and Phone Numbers of two relatives or friends who generally know how to contact you:

- 1. Name: _____ Phone: _____
Address: _____
City, State, Zip Code: _____
- 2. Name: _____ Phone: _____
Address: _____
City, State, Zip Code: _____

Household Composition and Characteristics: List the Head of Household and all other members who will be living in the apartment. Give the relationship of each family member to the head of household.

Member Name	Relationship	Birth date	Sex	Soc. Sec. No.

INCOME AND ASSET INFORMATION

INCOME

Family Member Name	Source and Type of Income	Annual Income

ASSETS

Member Name	Bank	Account No.	Current Balance

LIST THE VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSIONS, CONTRIBUTIONS OR OTHER ASSETS

Please answer each of the following questions. For each “YES” answer, provide an explanation:

1. Is any member of your household employed full time, part time or seasonally?
2. Does any member of your household expect to work for any period during the next twelve months?
3. Does any member of your household work for someone who pays him or her in cash?
4. Is any member of your household on leave of absence from work due to lay off, medical, maternity or military leave?
5. Does any member of your household now receive or expect to receive unemployment benefits?
6. Does any member of your household now receive or expect to receive child support?
7. Is any member of your household entitled to receive child support that he/she is not now receiving?
8. Does any member of your household now receive or expect to receive alimony payments?
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?
10. Does any member of your household receive or expect to receive welfare assistance?
11. Does any member of your family receive or expect to receive Social Security Benefits?
12. Does any member of your family receive or expect to receive income from a pension or annuity?
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property?
15. Does any member of your household receive or expect to receive an earned income tax credit?
16. Do you own a home or other real estate?
17. Have you sold a home or other real estate?
18. If yes, what was the market value of the asset?
19. How much did you sell it for? \$

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. FOR EACH "YES" ANSWER, PROVIDE THE DETAILS:

EXPENSES

1. Do you pay for childcare which enables you or another family member to work or go to school? _____

If yes, give name and address of childcare provider, weekly cost and name of the family member enabled to work:

FAMILIES WITH HANDICAPPED MEMBERS

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work?

If yes, give name and address of the care attendant, weekly cost, and name of the family member enabled to work:

ELDERLY FAMILIES ONLY NEED TO FILL OUT THIS PORTION
Ages 50-55 Near Elderly; 55 and over Elderly

	Yes	No
1. Do you have Medicare?		
2. Do you carry your own insurance coverage?		
3. If yes, Policy No.: _____ Monthly Premium \$		
4. Do you receive medical assistance through the welfare department?		
5. Do you have any outstanding medical bills, which you are now paying?		
6. Do you expect to have medical expenses during the next 12 months?		
7. If yes, give anticipated dollar amount: \$		
8. What is the nature of your expected medical expenses?		

**PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF TWO
PERSONAL REFERENCES:**

Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Relationship to you: _____

Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Relationship to you: _____

**PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF YOUR
PRIMARY PHYSICIAN AND SOCIAL SERVICE WORKER, IF APPLICABLE**

Doctor's Name: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

COMMENTS/ADDITIONAL INFORMATION:

Use an additional piece of paper if necessary

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, Tribal or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and beliefs. I/we understand that false statements or information are punishable under Federal Law.

Signed: _____ Date: _____
Head of Household

Signed: _____ Date: _____
Spouse

Tribal Affiliation: _____ Membership No.: _____

WARNING: Section 1001 of Title 10 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any Department or Agency of the United States or to any matter within its jurisdiction.

1. Tribal Affiliation of Head of Household:
2. Membership Number:
3. Or proof of Descendent
4. Does anyone live with you not listed on page 5?
5. Is the head or spouse handicapped or disabled? If yes, explain
6. Is anyone else in the household handicapped/disabled?
7. Identify any special housing needs required as a result of handicap

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Are you being evicted? _____ If yes, explain: _____

Are you being displaced? _____ If yes, explain: _____

What is your current rent? \$ _____

What are you paying monthly for electric and gas? \$ _____

Are you now living in subsidized housing (Section 8, Section 236, Section 221(d)(3) or Farmer's Home Subsidized payments? _____

What is the condition of your current housing: Standard Unsafe/Unsanitary No indoor Plumbing or Kitchen? Currently Homeless (circle those that apply)

LIST TWO PRIOR LANDLORD REFERENCES

Note: You must have names, addresses and Phone Numbers and they must NOT be related to you:

Current landlord: _____ **Phone:** _____

Address: _____

City, State, Zip Code: _____

Previous Landlord: _____ **Phone:** _____

Address: _____
City, State, Zip Code: _____
