

# Alpena Housing Commission

Alpena Housing Commission

2340 S. Fourth Avenue, Alpena, MI 49707

(989) 354-3567

YOU MUST BE ABLE TO PUT  
THE DTE GAS SERVICE IN  
YOUR OWN NAME;  
EXCEPT FOR THE ONE  
BEDROOM APARTMENTS AT  
RIVERVIEW AND FOWLER

## READ FIRST

**TURN IN WITH YOUR APPLICATION, COPIES OF:  
BIRTH CERTIFICATES  
PICTURE IDENTIFICATION  
SOCIAL SECURITY CARDS**

**NEEDED FOR ALL PERSON(S) ON YOUR APPLICATION**

**Fill out the application *completely*, including two landlord references,  
AND return with complete documentation;  
OR IT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED!**

# Before You Move In...

## Provide Us With All Sources of Income.

Some Examples:

<p><b>Proof from DHS: Food Stamps/ Cash Assistance.</b> The printouts of these benefits are needed for verification.</p> <p><b>ALSO, if you get SSI, you need proof of the quarterly check, if you receive it.</b> The printouts of these benefits are needed for verification.</p>
<p><b>Year to date printout of child support payments.</b> If you don't get payments, tell us why or bring in a Notice to Show Cause. It is your responsibility to provide proof.</p>
<p><b>ALL Bank/Credit Union statements for ALL family members including your children.</b></p> <p>The statement <b>MUST</b> show interest rate and the average three month balance <b>AND</b> be stamped with the Bank or Credit Union stamp.</p>
<p><b>Proof of your income by providing us with 6-weeks of your current pay.</b> You need to provide the complete name/address/phone number of contact person from your job.</p>
<p><b>Proof of ANY out of pocket child care expense.</b></p>
<p>IF you are claiming "O" income, you need to fill out our "NON CASH Contribution form".</p>
<p>IF you get SS or SSI, we need official verification of your gross amount of your payments.</p>
<p>IF you receive SS or SSI, you should provide us with complete proof of any out of pocket expenses for the previous 12 months. i.e.: eye glasses, hearing aids, prescriptions</p>
<p><b>Proof of any pension payments or retirement benefits, along with the name/address/phone number and name of contact person to verify information.</b></p>
<p><b>Proof of ANY payments you might receive IF you own a home.</b></p>
<p><b>Proof of ANY amount of money someone gives you to meet your expenses.</b> i.e.: phone bill, rent, car insurance, clothes.</p>



**APPLYING FOR HUD  
HOUSING ASSISTANCE?  
THINK ABOUT THIS...IS FRAUD WORTH IT?**

**Do You Realize...**

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

**Do You Know...**

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

**So Be Careful!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include: All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances.

Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline.

You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735.

You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov).

You can write the hotline at:



HUD OIG HOTLINE, GFI  
451 7<sup>TH</sup> STREET, SW  
WASHINGTON, DC 20410

# ALPENA HOUSING COMMISSION

2340 S. FOURTH AVENUE

ALPENA, MI 49707

PH : (989) 354-3567 FAX: (989) 356-2177

## *Rental Application for Alpena Housing Commission*

Name of Applicant	Address	City	State/Zip
Any other names used/alias:			
Contact Number: (      )	If Unavailable, Message Person:	Number: (      )	

First Name	Middle	Last Name	M/F	Social Security Number	Relationship	Birth-date	Age

**Type of Unit Needed:**     1-bedroom     2-bedroom     3-bedroom     4-bedroom     5-bedroom

Do you wish to claim disability status or need any special unit / features/ communication for person(s) with disabilities such as:

ADA Unit, Strobe Smoke Alarm, Strobe Door Bell, ADA Grab Bars, ADA Toilet Seat?     Yes     No

If so, how could we reasonably accommodate you? \_\_\_\_\_

1. Have you ever lived in ANY Public Housing before?     Yes     No    Where? \_\_\_\_\_

2. Are you CURRENTLY participating in the "Earned Income Disregard Program"?     Yes    If Yes, What Year Are You In? \_\_\_\_\_    No

3. Have you EVER participated in the Earned Income Disregard Program?     Yes, If Yes, Where? \_\_\_\_\_    No

4.. **Have you ever rented from the Alpena Housing Commission?**     Yes     No  
 If yes, what year? \_\_\_\_ What was the address \_\_\_\_\_

Name of Present Landlord	Address / City / State/ Zip			Phone
Unit You Rented; Name on Lease	Address / City / State/ Zip			
How Much Was Rent? \$	Were You Evicted?	Do You Have A Past Due Account?	If yes, how much? \$	

Name of Past Landlord	Address / City / State/ Zip			Phone
Unit You Rented; Name on Lease	Address / City / State/ Zip			
How Much Was Rent? \$	Were You Evicted?	Do You Have A Past Due Account?	If yes, how much? \$	

List source of INCOME, such as SS, SSI, SSD, Pension, Welfare, Unemployment, Child Support, Monies from family or friends to pay rent, cable, food, car payment, phone bill. These are ALL SOURCES OF INCOME

Amount of pay: Monthly Gross\$ \_\_\_\_\_

CHECK ONE: Paid Weekly \_\_\_ Paid Bi Weekly \_\_\_ Paid Bi Monthly \_\_\_ Paid Monthly \_\_\_

**CRIMINAL HISTORY**

- 1. Are you or a member of your household a current user of a controlled substance?  Yes  No
- 2. Does anyone in your household have a previous conviction for use of a controlled substance?  Yes  No
- 3. Have you or a member of your household ever been convicted of the illegal manufacture/distribution of a controlled substance?  Yes  No
- 4. Have you or a member of your household ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

- 5. Have you or a member of your household (including children) ever been involved with fires that have resulted in damage to any building or any property?  Yes  No

If you answered yes to this question, which household member/ nature of the offense: \_\_\_\_\_

- 6. Do you or any person being added to your application; have any pending court matters relating to drugs, sex crimes or violence?  Yes  No

I / We certify that the proceeding information is accurate and complete and acknowledge that inaccuracies and or omissions may be the basis of immediate cancellation of my/ our application by ACH management. The Alpena Housing Commission has the right to investigate and verify my credit, employment and income records and to order a credit report on any member of my household from the local credit bureau. The Alpena Housing Commission has the right to investigate our past and present landlord references.

I / WE certify that the rental unit which I / We occupy will be the permanent residence and further certify that I / We do not maintain a separate subsidized rental unit at a different location.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

## Authorization for Landlord/Rental History Notice and Consent for the Release of Information

<b>Person Requesting Information:</b> Deb Dahn Administrative Assistant Title of Agent		<b>Requested By:</b> <b>Alpena Housing Commission</b> 2340 S. Fourth Avenue Alpena, MI 49707 Ph: (989) 354-3567 Fax (989) 356-2177
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Consent: I authorize and direct any Federal, State, or local agency, organization, business or individual to release any information or materials needed to complete and verify my application for participation Low Income Public and Indian Housing. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding household or me may be needed.

**Verifications and inquires that may be requested:**

Criminal Activity    Identity Status    Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**Groups or Individual That May Be Asked:**

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to: Previous Landlords (Including Public Housing Agencies / Law Enforcement Agencies/ Utility Companies/ Residences and Rental Activity.

Computer Matching Notice and Consent: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State or other Local Agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The authorization will stay in effect for 15 (Fifteen) MONTHS from the date signed.

**WARNING:**

I/We understand and it is completely clear to me/us that it is a criminal offense to willfully make any false statement to this agency of the United States (United States Code, Title 18, Crime and Criminal Procedure, Section 1001). I/We further understand that I/We are liable to legal prosecution, if this or any future statement I/We make to the Alpena Housing Commission is found to be false. I / We understand that providing false statements or information is punishable under State and Federal Law.

**Signatures:**

Head of Household	Date	Other Adult	Date
Head of Household	Date	Other Adult	Date
Head of Household	Date	Other Adult	Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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

<b>Signature of Applicant</b>	<b>Date</b>
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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.



OR OFFICE USE ONLY"

ALPENA HOUSING COMMISSION

# APPLICANT CONTACT SHEET

DATE	REASON FOR CONTACT	RESULT OF CONTACT