

Niles Housing Commission  
251 Cass St. Niles, MI 49120  
P.269-683-2783 + F. 269-683-7435

Please return application during normal business hours:

Monday-Friday

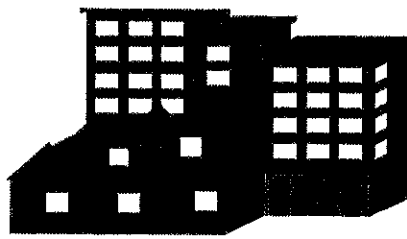
8:00 a.m. to 12:00 p.m.

And

12:30 p.m. to 4:00 p.m.

As we are closed from noon to one for lunch.

- Please fill out all information. If it doesn't apply to you or your household please put N/A
- If you scribble out something, please initial next to it.
- Make sure you and all other applicants, if applicable, have signed all required areas where needed.



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**The Department of Housing and Urban Development (HUD) has announced a rule requiring all Public Housing communities to become completely smoke-free by 2018.**

Dear Applicants:

The Niles Housing Commission has decided to adopt a smoke-free policy in order to provide a healthier environment for all residents. The harmful effects of secondhand smoke, increased maintenance costs, and fire danger caused by indoor smoke are simply too great to ignore.

- As of March 1, 2018, the Niles Housing Commission, including the fifty (50) Scattered Sites and the Gateway Plaza, will be smoke-free. This means that there will be no carrying or use of a lit tobacco product in indoor common areas, or private areas, such as dwelling units, of the property. This policy includes tenants as well as guests, maintenance personnel, and staff.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the office of the Niles Housing Commission.



EQUAL HOUSING  
OPPORTUNITY

The Niles Housing Commission is an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability.

# Niles Housing Commission Selection Preferences and Application Process

## Order of Selection

Niles Housing Commission's (NHC) system of preferences select families according to the selection preferences. (Selection Preferences that give priority of the waitlist can be purchased at the office of Niles Housing Commission for .05 per copy)

Date and time of application does not give families priority of the waitlist.

## PHA Policy

Families will be selected from the waiting list based on preference. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the NHC. When selecting applicants from the waiting list, NHC will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. NHC will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features. By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status. Factors such as de-concentration or income mixing and income targeting will also be considered in accordance with HUD requirements and PHA policy.

## NOTIFICATION OF SELECTION

When the family has been selected from the waiting list, NHC must notify the family.

## PHA Policy

NHC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following: Date, time, and location of the scheduled application interview, including any procedures for rescheduling

the interview, who is required to attend the interview documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation, documents that must be provided at the interview to document eligibility for a preference, if applicable, other documents and information that should be brought to the interview. If a notification letter is returned to NHC with no forwarding address, the family will be removed from the waiting list without further notice. Such failure to act on the part of the applicant prevents NHC from making an eligibility determination; therefore no informal hearing will be offered.

### **THE APPLICATION INTERVIEW**

HUD recommends that NHC obtain the information and documentation needed to make an eligibility determination through a private interview. Being invited to attend an interview does not constitute admission to the program. Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if NHC determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by NHC [Notice PIH 2010-3]. Reasonable accommodation must be made for persons with disabilities who are unable to attend an interview due to their disability

### **PHA Policy**

Families selected from the waiting list are required to participate in an eligibility interview. The head of household and the spouse/co head will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/co head may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to NHC. The interview will be conducted only if the head of household or spouse/co head provides appropriate documentation of legal identity. If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained. Pending disclosure and documentation of social security numbers, NHC will allow the family to retain its place on the waiting list for 7 days. If not all household members have disclosed their SSNs at the next time a unit becomes

available, NHC will offer a unit to the next eligible applicant family on the waiting list. If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference. If the family is verified as eligible for the preference, NHC will proceed with the interview. If NHC determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to the date and time of their application. The family must provide the information necessary to establish the family's eligibility, including suitability, and to determine the appropriate amount of rent the family will pay. The family must also complete required forms, provide required signatures, and submit required documentation. If any materials are missing, NHC will provide the family with a written list of items that must be submitted. Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview. If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial. An advocate, interpreter, or other assistant may assist the family with the application and the interview process. Interviews will be conducted in English. For limited English proficient (LEP) applicants, NHC will provide translation services in accordance with NHC's LEP plan. If the family is unable to attend a scheduled interview, the family should contact NHC in advance of the interview to schedule a new appointment. In all circumstances, if a family does not attend a scheduled interview, NHC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without NHC approval will have their applications made inactive based on the family's failure to supply information needed to determine eligibility. The second appointment letter will state that failure to appear for the appointment without a request to reschedule will be interpreted to mean that the family is no longer interested and their application will be made inactive. Such failure to act on the part of the applicant prevents the PHA from making an eligibility determination, therefore the PHA will not offer an informal hearing.

## **FINAL ELIGIBILITY DETERMINATION**

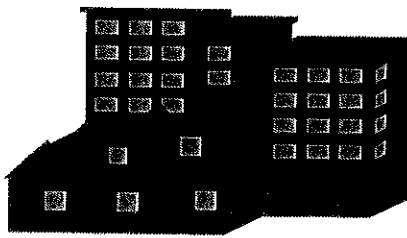
The PHA must verify all information provided by the family. Based on verified information related to the eligibility requirements, including NHC's suitability standards, NHC must make a final determination of eligibility. When a determination is made that a family is eligible and satisfies all requirements for admission, including tenant selection criteria, the applicant must be notified of the approximate date of occupancy insofar as that date can be reasonably determined.

#### PHA Policy

NHC will notify a family in writing of their eligibility within 10 working days of the determination. The NHC must promptly notify any family determined to be ineligible for admission of the basis for such determination, and must provide the applicant upon request, within a reasonable time after the determination is made, with an opportunity for an informal hearing on such determination.

#### PHA Policy

If the NHC determines that the family is ineligible, NHC will send written notification of the ineligibility determination within 10 working days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal meeting.



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### **ACKNOWLEDGMENT OF APPLICATION**

I, \_\_\_\_\_, by execution of this Instrument, hereby acknowledge that I have returned the below listed documents bearing the date \_\_\_\_\_, 2019.

1. Preference Certification
2. Application for Residency
3. Authorization for the Release of Information/Privacy Act (HUD form HUD-9886)

If your application is dropped in the Overnight Drop Box please sign this form and a copy will be placed in the mail for your records.

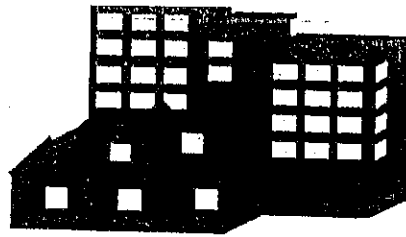
Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

March 8, 2017



**EQUAL HOUSING OPPORTUNITY** The Niles Housing Commission is an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability.



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June 20, 2018

To Families on the Niles Housing Commission's waiting list(s)

The Niles Housing Commission (NHC) is writing with a few reminders for the Waiting Lists for our Hi-Rise Building along with our Scattered Sites.

Per the Admissions and Continued Occupancy Policy (ACOP), the NHC uses preference points to determine placement on the wait list.

Per the ACOP: If the family is claiming a waiting list preference, the family must provide documentation to verify their eligibility for a preference. If the family is verified as eligible for the preference, the PHA will proceed with the interview. If the PHA determines the family is not eligible for the preference, the interview will not proceed and the family will be placed back on the waiting list according to the date and time of their application. (For example if a family claims they are working 30 hours and at the time of the interview they are not, the preference will be removed and the applicant will be placed back on the waiting list).

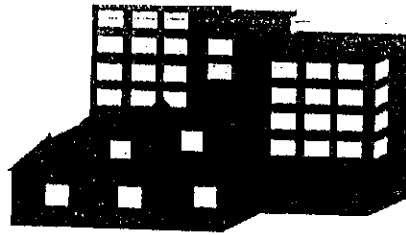
Also, any updates (i.e. address, preferences, phone numbers, house-hold member etc.) **MUST** be done in writing, this will insure that NHC has correct information at all times. This is especially important for household address: Per the ACOP if mailing is returned to NHC the application will be placed inactive and the household will be required to re-apply.

Finally, NHC would like to take this opportunity to clarify the current preference, to avoid a preference being marked in error.

1. Persons eligible under the MFP assistance program. **Applicants currently living in Group Homes, Nursing Homes, Assisted and Semi-Assisted Homes**
2. Families where the head of household, spouse or sole family member is employed at least 30 hours a week.
3. Head of household, spouse, or sole member is a person age 62 or older or disabled.
4. Families who have lost their homes due to Government Action, Action of Housing Owner, Inaccessibility, Property disposition. **Families are at risk of being displaced or at risk of BEING homeless**
5. Victims of Domestic Violence/Victims of Reprisal or Hate Crimes/Violence against woman. **Within the last 12 months, documented or not. If not documented there is a form to complete.**
6. Families affected by a national disaster that occurred on or after July 1, 2005. **FEMA numbers will be needed.**







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7. Rent is greater than 50 percent of income (Lost employment, companies downsizing or closing) or Lost unemployment benefits. **Applicant's rental amount is more than 50% of the families' gross income.**
8. Enrolled in the Welfare to work or Impact program. **Receiving cash assistance from DHHS and participate in Work First.**
9. Currently enrolled in an educational, training or upward mobility program. **Enrolled in GED classes, College class or course to help with family self-sufficiency.**
10. Veteran and/or veteran's families. **Applicant or another member adult on application is a Veteran.**
11. Homeless. **A call will be placed to applicant to review a checklist.**
12. Extremely Low Income. **Applicant is at or below the HUD published income limit for extremely low families (example for 2017 a family of 3 the income limit is \$20,420).**

There will be at least 4 appointments: During the first: to review preferences and verify qualification for preferences, second: start processing household application (verifications and releases), third: sign compliance paperwork and finally after the application is approved through compliance and the unit is move-in ready the lease, policies and procedures will be signed. The last three appointments will be a lot of information and paperwork to complete, most appointments are 20 to 30 minutes.

The staff at NHC would also like to remind applicants that placement cannot be given. Due to the preferences your placement on the waiting list can change when new applicants are added, deleted or a preference is updated. While we understand that everyone has a need for housing, it is extremely difficult to give a timeline on how long the waiting list might take.

If a reasonable accommodation is needed please contact the office of NHC.

If you have any questions or concerns please call (269) 683-2783

Sincerely,

Flossi Pease, PHM  
Associate Residential Manager  
[am@nileshousingcommission.com](mailto:am@nileshousingcommission.com)



EQUAL HOUSING OPPORTUNITY

**NILES HOUSING  
COMMISSION  
PREFERENCE CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I qualify for the following preference(s) checked below. I understand that verification of the items checked is required.

- ☐ Persons eligible under the MFP assistance program.
- ☐ Families where the head of household, spouse or sole family member is employed at least 30 hours a week.
- ☐ Head of household, spouse, or sole member is a person age 62 or older or disabled.
- ☐ Families who have lost their homes due to Government Action, Action of Housing Owner, Inaccessibility, Property disposition.
- ☐ Victims of Domestic Violence/Victims of Reprisal or Hate Crimes/Violence against woman
- ☐ Families affected by a national disaster that occurred on or after July 1, 2005.
- ☐ Rent is greater than 50 percent of income (Lost employment, companies downsizing or closing) or Lost unemployment benefits.
- ☐ Enrolled in the Welfare to work or Impact program
- ☐ Currently enrolled in an educational, training or upward mobility program.
- ☐ Veteran and/or veteran's families.
- ☐ Homeless
- ☐ Extremely Low Income

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Revised 05/2018

Niles Housing Commission does not discriminate on the basis of disability, race, color, national origin, sex, religion, familial status, marital status, gender identity, actual or perceived sexual orientation, height, weight, age or any other protected category, in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance. Inquiries can be made to (248) 593-4600 or TTY 711.





**SUBJECT: APPLICANT FOR RESIDENCY – GOVERNMENT ASSISTED**

COMMUNITY: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ORIGINAL DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ UPDATE: \_\_\_\_\_ TIME: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ APARTMENT SIZE: \_\_\_\_\_

APPLICANT NAME (FIRST, MIDDLE, LAST) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

LIST ALL STATES YOU AND ANY OTHER MEMBERS OF YOUR HOUSEHOLD HAVE RESIDED IN: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBER'S FULL NAME (FIRST, MIDDLE, LAST)	STATUS*	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #

\*Single (s) Married (m) Widowed (w) Separated (sp) Divorced (d)

MEMBER'S 17 AND UNDER FULL NAME	RELATIONSHIP TO HOH	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #	SCHOOL NAME	ABSENT PARENT'S NAME & ADDRESS

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

S.S. #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

S.S. #: \_\_\_\_\_

2. Are you or any household member currently a student at an institution of higher education? Yes ☐ No ☐
3. Are you or any household member subject to a lifetime sex offender registration program in any state? Yes ☐ No ☐

4. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
5. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
6. Have you, or any member of your household ever used a different name from the above name shown? ☐ Yes ☐ No  
If yes, please list names used and dates when such names were used: \_\_\_\_\_
7. Will any of the above household members live anywhere except the apartment? ☐ Yes ☐ No  
Are there any other persons who will live in the apartment on less than a full-time basis? ☐ Yes ☐ No  
If either question is answered yes, please explain: \_\_\_\_\_
8. It MAY be a requirement of eligibility into this housing program that you, your spouse or head of household fall into one of the following categories. Please check all items which may apply:  
☐ Age 62 and over ☐ Disabled ☐ N/A
9. If any of the above categories were checked, is a reasonable modification required and, if so, what kind?  
☐ Yes ☐ No  
☐ Apartment with Accessibility Features ☐ Site Impaired Apartment ☐ Hearing Impaired Apartment  
☐ Other: \_\_\_\_\_
10. Are you or any household member now living or have lived in a federally subsidized housing apartment? ☐ Yes ☐ No  
If yes: Name of Community: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Name of Manager: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_
11. Are you a Section 8 Voucher holder? ☐ Yes ☐ No

## II. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the tables below. Do you, or any member of your household:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time or seasonally?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Own your own business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Expect to work for any period during the next year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Work for someone who pays cash?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Expect a leave of absence from work due to layoff, medical, maternity or military leave?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive unemployment benefits?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Now receive or expect to receive child support?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Entitled to child support that he/she is not now receiving?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Now receive or expect to receive alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have entitlement to receive alimony that is not currently being received?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive public assistance (excluding Food Stamps)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive Social Security benefits?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Now receive or expect to receive income from pension or annuity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Now receive or expect to receive regular contributions from organizations or from individuals not living in the apartment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Receive income from assets including interest from checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Do you own a property (house, land, mobile home, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you sold or given away real property or other assets (including cash) in the past two years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Does any member of your household receive money from school-aid, scholarships or educational grants?  |

**TOTAL HOUSEHOLD INCOME:** List all monies earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS MONTHLY	UNEMPLOYMENT BENEFITS BI-WEEKLY	ALL OTHER

### III. ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposits) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of all stocks, bonds, trust, real estate and other assets owned by any household member:

\_\_\_\_\_

\_\_\_\_\_

3. List any value of any assets disposed of for less than their fair market value during the past two years:

\_\_\_\_\_

\_\_\_\_\_

### IV. EXPENSES

Yes No

- ☐ ☐ Do you have expenses for child care of a child aged 12 or younger? If yes, provide the name, address and telephone number of the care provider.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

What is the weekly cost to you of the child care? \_\_\_\_\_

Is the child care expenses paid by DHS? Yes ☐ No ☐ If yes: Full ☐ Partial ☐

- ☐ ☐ Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide the name, address and telephone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### ELDERLY FAMILIES ONLY

- ☐ ☐ Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

- ☐ ☐ Do you have any other kind of medical insurance? If yes, answer the following questions:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

- ☐ ☐ Do you have any outstanding medical bills? If yes, explain: \_\_\_\_\_
- ☐ ☐ Do you expect to incur any medical expenses in the next twelve months? If yes, explain: \_\_\_\_\_
- ☐ ☐ If you use the same pharmacy regularly, please provide name, address and phone number:  
 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_

## V. REFERENCES

Please provide the name, address and phone number of one personal reference that is **not related to a household member**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Please provide the name, address and phone number of **closest relative**.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Please provide the name, address and phone number of your Primary Physician and Social Worker (if applicable).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

## VI. RENTAL HISTORY

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Your Address: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Current Rent: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Prior Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Your Address: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Current Rent: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Prior Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Your Address: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Current Rent: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? ☐ Yes ☐ No  
If yes, please list names, address and dates: \_\_\_\_\_

Has any place where you, or any member of your household were living, been destroyed or damaged by fire? ☐ Yes ☐ No  
If yes, please list names, addresses and dates: \_\_\_\_\_

## VII. EMPLOYMENT HISTORY

Name and address of Head of Household's present Employer:	Name and address of Spouse/Co-Head's present Employer:
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.: _____	Phone No.: _____
I.D #: _____	I.D #: _____
Date of Hire: _____	Date of Hire: _____

Name and address of Head of Household's past Employer:	Name and address of Spouse/Co-Head's past Employer:
Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone No.: _____	Phone No.: _____
I.D #: _____	I.D #: _____
Length of employment: _____ to _____	Length of Employment: _____ to _____

## VIII. EMERGENCY CONTACTS

Name: _____	Relationship: _____
Address: _____	Phone No. _____
City, State, Zip: _____	
Name: _____	Relationship: _____
Address: _____	Phone No. _____
City, State, Zip: _____	

## IX. VEHICLE REGISTRATION

Do you or any household members have a vehicle? ☐ Yes ☐ No  
If yes, how many? \_\_\_\_\_

## X. OTHER

1. Are all household members U.S. Citizens? Yes ☐ No ☐
2. Has any household member ever been convicted or pled guilty to a violent crime? Yes ☐ No ☐
3. Has any household member ever been convicted or pled guilty to a drug related crime? Yes ☐ No ☐
4. Has any household member ever been convicted or pled guilty to a sex related crime? Yes ☐ No ☐

5. Do you or any other member of your household currently use any illegal drug or other illegal controlled substance?  
If yes, which household member(s)? \_\_\_\_\_
6. Is the household member seeking treatment? Yes ☐ No ☐  
If yes, Name of Facility: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_
7. Have you or any member of your household ever been arrested for, charged with, or convicted of a felony?  
Yes ☐ No ☐ If yes, which household member(s)? \_\_\_\_\_  
Where did the incident take place? \_\_\_\_\_  
Explain the circumstances, outcome and present status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you or any member of your household ever been arrested for, charged with, or convicted of any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others? Yes ☐ No ☐  
If yes, which household member(s)? \_\_\_\_\_  
Where did the incident take place? \_\_\_\_\_  
Explain the circumstances, outcome and present status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon acceptance of your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List, however, this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. We will process your application according to standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number, income situation, family composition or federal preference changes.

#### **APPLICATION 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/manager to verify all information provided on this application which may be required to complete the application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. Provision of false information on this housing application or any other forms completed or refusal to provide management with complete and accurate information will result in automatic rejection of the application for housing.

I/We understand that prior to acceptance, a credit report, current and previous landlord verification, a home visit and background check will be completed. I/We understand that I/we will be removed from the waiting list if I/we fail to notify the Management Office if my/our address, telephone number, income situation, family composition or federal preference changes.



**VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested to monitor this marketing agent's compliance with Equal Credit Opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional. If you do not wish to furnish the following information please initial below.

**APPLICANT:** I do not wish to furnish this information (initials) \_\_\_\_\_

**RACE/NATIONAL ORIGIN:**

- ☐ American Indian      ☐ Alaskan Native ☐ Asian ☐ Black or African American  
☐ Hispanic or Latino      ☐ White      ☐ Native Hawaiian or Other Pacific Islander  
☐ Other

SEX: ☐ Female ☐ Male

**CO-APPLICANT:** I do not wish to furnish this information (initials)

**RACE/NATIONAL ORIGIN:**

- ☐ American Indian      ☐ Alaskan Native ☐ Asian ☐ Black or African American  
☐ Hispanic or Latino      ☐ White      ☐ Native Hawaiian or Other Pacific Islander  
☐ Other

SEX: ☐ Female ☐ Male

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management

\_\_\_\_\_  
Date





**Notice of Occupancy Rights under the Violence Against Women Act<sup>15</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>16</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees this Affordable Housing project is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

**Protections for Applicants**

If you otherwise qualify for assistance under this Affordable Housing project, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under this Affordable Housing project, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under this Affordable Housing project solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

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<sup>15</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>16</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Michael Polsinelli at the Detroit field office at (313) 226-7900.

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the property management office.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233, or for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Family Justice Center of St. Joseph County at (574) 289-4357.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrimes.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact National Sexual Assault Hotline at (800) 656-4673.

Victims of stalking seeking help may contact Niles Police Department at (269) 684-3496.

**Attachment:** Certification form



**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.