



**LEO PALUCH SENIOR APARTMENTS  
17000 CHAMPAIGN ROAD  
ALLEN PARK, MI 48101  
(313) 928-5970**

Allen Park Housing Commission offers one bedroom apartments to people of low income. Rent is based on 30% of the applicant's adjusted income. Annual income for a single person cannot exceed \$39,150 (\$44,750 for a married couple).

**FEATURES INCLUDE:**

- Smoke Free Building
- 625 square feet- one bedroom apartments
- Garbage disposals
- Self defrosting refrigerators
- Oven range with hood
- All utilities included (except phone & cable)
- Coin operated laundry facility
- Vertical blinds
- Community room/library

**WE ALSO HAVE:**

- On-site Building Manager
- Part-time Maintenance Person

Applications are accepted at the office of the Leo Paluch Building  
Monday . Friday  
9:00 a.m. . 1:00 p.m.



**INFORMATION TO BE SUBMITTED WITH APPLICATION**

The following is a checklist for all applicants:

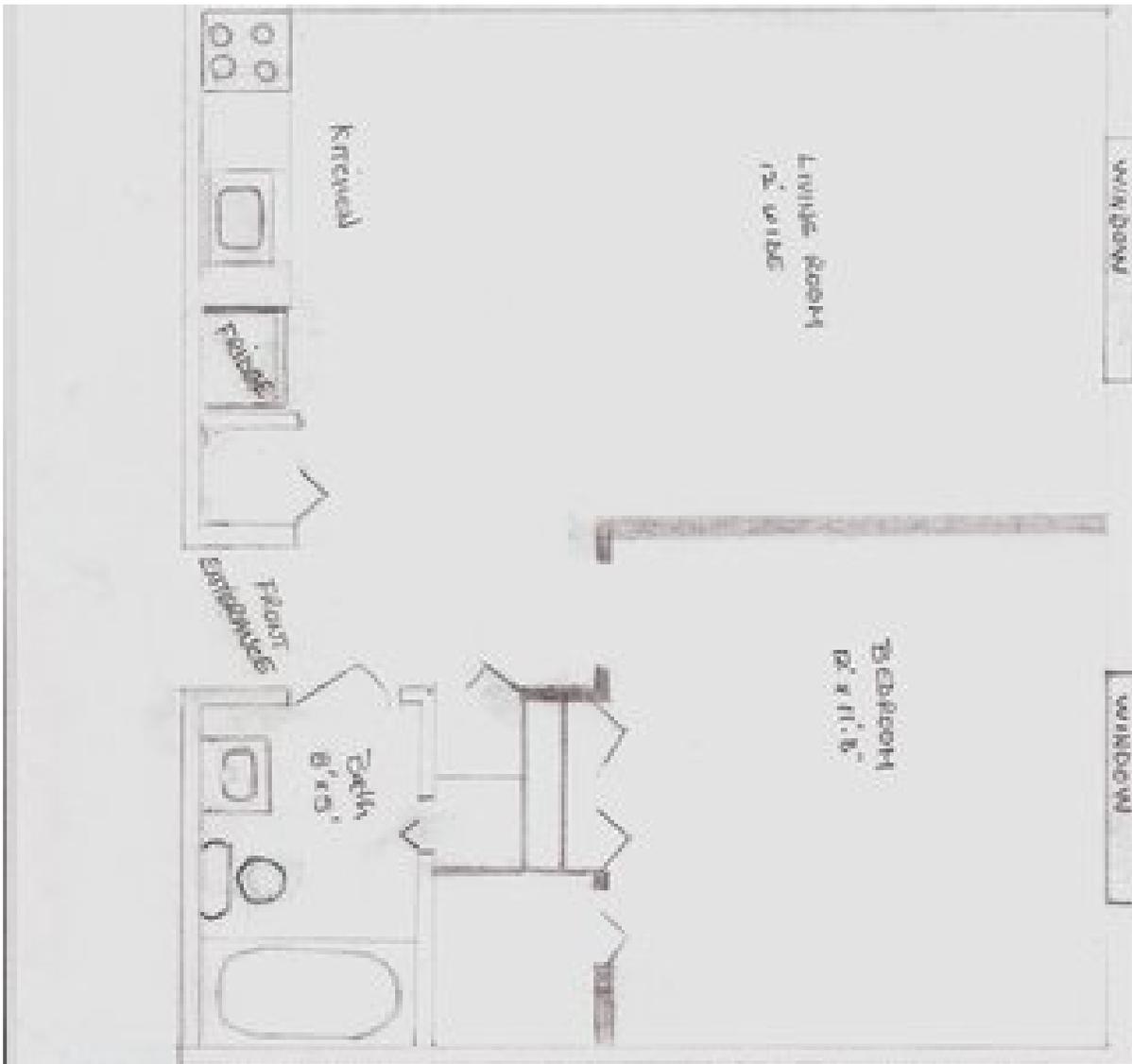
Any of the following information which applies to you must be submitted with your application. You, the applicant, are required to make their own copies

1. COPIES OF ALL SOURCES OF INCOME . MUST BE CURRENT
  - a. Social Security and/or Disability Statement
  - b. Pay Stub
  - c. Pension
  - d. Any other income
  - e. Assessed value of home
2. DRIVER'S LICENSE AND/OR STATE ID CARD
3. SOCIAL SECURITY CARD
4. BIRTH CERTIFICATE
5. RENT RECEIPT FOR PAST THREE (3) MONTHS
6. EVICTION PAPERS, IF APPLICABLE
6. PROOF OF VETERAN STATUS
7. NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSONAL REFERENCE

PLEASE MAKE COPIES OF ALL INFORMATION THAT CONCERNS YOU AND RETURN THE APPLICATION TO THE FOLLOWING ADDRESS:

ALLEN PARK HOUSING COMMISSION  
17000 CHAMPAIGN  
ALLEN PARK, MI 48101

**NOTE:** COPIES WILL NOT BE MADE AT THIS OFFICE. APPLICATIONS CANNOT BE ACCEPTED WITHOUT COMPLETE DOCUMENTATION.



Thank you for your interest in Leo Paluch Senior Apartments. To help us more efficiently process your application in a timely manner, please answer all questions in this application form as completely, honestly, is much detail as possible. If you omit information, a delay in processing your application may occur or your application may be rejected. Please remember that we must verify the information listed.

After completing the application, please return it to us by postal mail, fax, or you may leave it at our management office, whether the office is open or closed. If you have questions about your application, please feel free to contact us during normal business hours.

Again, thank you for your interest in Leo Paluch Senior Apartments.



**Application Data**

**Instructions:** Please complete *all* portions of this section.

What size apartment are you applying for?  1 Bedroom  handicapped

How many people would live in your apartment? \_\_\_\_\_  
(Number of Adults)

How soon would you like an apartment, if one becomes available? \_\_\_\_\_  
\_\_\_\_\_

Do you have any pets?  Yes  No If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Comments**

**Instructions:** Optional: Please list any additional information which may help process your application. You may leave this field blank.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Head of Household**

**Instructions:** Please complete *all* portions of this section.

**Name:** \_\_\_\_\_  
(First) (Middle) (Last)(Suffix if applicable) (Previous Last Name)

**Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone:** \_\_\_\_\_  
(Day) (Evening) (Other)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

**Drivers /State ID #** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_  
(U.S. City and State or Foreign Country)

**Sex:**  Male  Female  Pregnant

(Please check one)

**Race:**  White  Black  Asian  American Indian

Alaskan Native  Pacific Islander  Other: \_\_\_\_\_

(Please check only one)

**Ethnicity:**  Hispanic  Non-Hispanic

**Disability:**  Disabled  Handicapped  Blind  Unable to Work  Not Disabled

(check all that apply)

**Citizenship:**  U.S. Citizen  Other: \_\_\_\_\_

(Please check only one)

**Criminal History:** Have you been convicted of a crime other than minor traffic violations?  Yes  No

If Yes, please describe: \_\_\_\_\_

Marital Status:  Married  Never Married  Divorced  Separated  Other

Education: Are you currently attending school?  Yes  No (Please check only one) If yes, +list school name, address, and telephone number: \_\_\_\_\_

Dwelling Type:  House (owned by applicant)  House (rented by applicant)  Apartment  Mobile Home  Other: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Is your current housing subsidized?  Yes  No If yes, please describe: \_\_\_\_\_

PHA History: Have you ever been evicted from assisted housing or do you owe any housing authority money?  Yes  No If yes, +please describe: \_\_\_\_\_

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

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

(Street Address)

(City)

State

Zip Code

Name on Lease: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

Occupancy Dates: \_\_\_\_\_

(From)

(To)

Reason for Move: \_\_\_\_\_

Vehicle Info: \_\_\_\_\_

(Year)

(Make/Model)

License Plate #

**Co-Head of Household, Spouse, or Other Family Member 2**

*Instructions: Please complete all portions of this section if the family will have two or more members in residence. If the family will have only one member, please write "NONE" in the name section and leave the rest of this page blank.*

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

(First)

(Middle)

(Last)

(Suffix)

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

(Street Address)

(City)

(State)

(Zip Code)

Telephone: \_\_\_\_\_

(Day)

(Evening)

(Other)

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_

Drivers/State I.D. \_\_\_\_\_

Place of Birth: \_\_\_\_\_

(U.S. City and State or Foreign Country)

Sex:  Male

Female

Pregnant

Race:  White

Black

Asian

American Indian

Alaskan Native

Pacific Islander

Other: \_\_\_\_\_

Ethnicity:  Hispanic

Non-Hispanic

Disability:  Disabled  Handicapped  Blind  Unable to Work  Not Disabled

(check all that apply)

Citizenship:  U.S. Citizen  Other: \_\_\_\_\_

Relationship: Relationship to Head of Household: \_\_\_\_\_

Criminal History: Have you been convicted of a crime other than minor traffic violations?  Yes  No  
If Yes, please describe: \_\_\_\_\_

Marital Status:  Married  Never Married  Divorced  Separated  Other

Education: Are you currently attending school?  Yes  No  
If Yes, list school name, address, and telephone number: \_\_\_\_\_

Dwelling Type:  House (owned by applicant)  House (rented by applicant)  
 Apartment  Mobile Home  Other: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Is your current housing subsidized?  Yes  No  
If yes, please describe: \_\_\_\_\_

PHA History: Have you ever been evicted from assisted housing or do you owe any housing authority money?  Yes  No  
If Yes, please describe: \_\_\_\_\_

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

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

(Street Address)

(City)

State

Zip Code

Name on Lease: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

Occupancy Dates: \_\_\_\_\_

(From)

(To)

Reason for Move: \_\_\_\_\_

**Rental History**

**Instructions:** List *all* places you lived for the past five years, without leaving any gaps. List *all* addresses for all household members who will be in residence. Leave blank any occupancy history prior to five years from today's date. Attach additional pages as necessary.

**Previous Address**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**Dwelling Type:**  House (owned by applicant)  House (rented by applicant)  
 Apartment  Mobile Home  Other: \_\_\_\_\_

**Rent:** \$ \_\_\_\_\_ Was your housing subsidized?  Yes  No

If yes, please describe: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Name on Lease:** \_\_\_\_\_ **Lease Expires:** \_\_\_\_\_

**Occupancy Dates:** \_\_\_\_\_  
(From) (To)

**Reason for Move:** \_\_\_\_\_  
\_\_\_\_\_

**Previous Address**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

**Dwelling Type:**  House (owned by applicant)  House (rented by applicant)  
 Apartment  Mobile Home  Other: \_\_\_\_\_

**Rent:** \$ \_\_\_\_\_ Was your housing subsidized?  Yes  No

If yes, please describe: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

**Landlord Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Name on Lease:** \_\_\_\_\_ **Lease Expires:** \_\_\_\_\_

**Occupancy Dates:** \_\_\_\_\_

Reason for Move: \_\_\_\_\_  
\_\_\_\_\_

**Rental History (continued)**

**Instructions:** List all places you lived for the past five years, without leaving any gaps. List all addresses for all household members who will be in residence. Leave blank any occupancy history prior to five years from today's date. Attach additional pages as necessary.

**Previous Address**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Dwelling Type:  House (owned by applicant)  House (rented by applicant)  
 Apartment  Mobile Home  Other: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Was your housing subsidized?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Previous Landlord: \_\_\_\_\_

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

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Name on Lease: \_\_\_\_\_ Lease Expires: \_\_\_\_\_

Occupancy Dates: \_\_\_\_\_

\_\_\_\_\_  
(From)

\_\_\_\_\_  
(To)

Reason for Move: \_\_\_\_\_  
\_\_\_\_\_

**Previous Address**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Dwelling Type:  House (owned by applicant)  House (rented by applicant)  
 Apartment  Mobile Home  Other: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Was your housing subsidized?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Previous Landlord: \_\_\_\_\_

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

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Name on Lease: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

Occupancy Dates: \_\_\_\_\_  
(From) (To)

Reason for Move: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts (Optional)**

**Instructions:** Optional: List up to two persons we could contact in the case of an emergency. You may list emergency contacts or leave these fields blank.

**Contact 1:** \_\_\_\_\_  
(Optional) (Name)  
\_\_\_\_\_  
(Day Telephone) (Eve Telephone) (Other Telephone)  
Relationship: \_\_\_\_\_

**Contact 2:** \_\_\_\_\_  
(Optional) (Name)  
\_\_\_\_\_  
(Day Telephone) (Eve Telephone) (Other Telephone)  
Relationship: \_\_\_\_\_

**Personal References (Optional)**

**Instructions:** Optional: List up to two persons we could contact as personal references. Personal references may not be former landlords or relatives. You may list personal references or leave these fields blank.

**Reference 1:** \_\_\_\_\_  
 (Optional) (Name)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Day Telephone) \_\_\_\_\_ (Eve Telephone) \_\_\_\_\_ (Other Telephone)

Relationship: \_\_\_\_\_

**Reference 2:** \_\_\_\_\_  
 (Optional) (Name)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Day Telephone) \_\_\_\_\_ (Eve Telephone) \_\_\_\_\_ (Other Telephone)

Relationship: \_\_\_\_\_

**Signatures**

**Instructions:** Each household member 18 years old or older must sign the application in the provided space, below.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

### Certification/Recertification Worksheet

**Instructions:** Place a ✓ in the box next to each item that applies to you. Please complete a separate worksheet for each household member 18 years of age or older.

#### Part I – Income

I receive income from (check all that apply):

- |                           |                          |                         |                          |                          |                          |
|---------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| Alimony .....             | <input type="checkbox"/> | Income from FIA.....    | <input type="checkbox"/> | Real Estate Income ..... | <input type="checkbox"/> |
| Annuities .....           | <input type="checkbox"/> | GI Bill Benefits .....  | <input type="checkbox"/> | Scholarships.....        | <input type="checkbox"/> |
| Business Income .....     | <input type="checkbox"/> | Inheritances .....      | <input type="checkbox"/> | Social Security .....    | <input type="checkbox"/> |
| Cash or Gifts.....        | <input type="checkbox"/> | Insurance Companies.... | <input type="checkbox"/> | SSI.....                 | <input type="checkbox"/> |
| Child Support.....        | <input type="checkbox"/> | Lottery Winnings .....  | <input type="checkbox"/> | SSD .....                | <input type="checkbox"/> |
| Disability Benefits ..... | <input type="checkbox"/> | Pensions .....          | <input type="checkbox"/> | Unemployment .....       | <input type="checkbox"/> |
| Employment .....          | <input type="checkbox"/> | Personal Property ..... | <input type="checkbox"/> | Veteran's Benefits.....  | <input type="checkbox"/> |
| Educational Grants.....   | <input type="checkbox"/> | Public Assistance ..... | <input type="checkbox"/> | Worker's Comp .....      | <input type="checkbox"/> |

Do you have **any other income** to declare that is **not listed above**? Yes  No

If Yes to above, please list: \_\_\_\_\_

**TOTAL ESTIMATED ANNUAL INCOME:** \$  

If you are **employed**, have you been employed **less than 12 months**?.....Yes  No

If Yes to above, were you **unemployed for at least 12 months prior** to your **current** employment?  
Yes  No

#### Part II – Assets

I have the following assets (check all that apply):

- |  |                          |                         |                          |
|--|--------------------------|-------------------------|--------------------------|
| Checking Account (s).....  | <input type="checkbox"/> | At how many banks? .... | _____                    |
| Savings Account(s) .....   | <input type="checkbox"/> | At how many banks? .... | _____                    |
| CD's or Time Certificates .....  | <input type="checkbox"/> | At how many banks? .... | _____                    |
| IRA or KEOUGH Account(s) ...   | <input type="checkbox"/> | Stocks .....            | <input type="checkbox"/> |
| Real Estate.....   | <input type="checkbox"/> | Bonds.....              | <input type="checkbox"/> |
| Personal Property Held as an Investment.....   | <input type="checkbox"/> |                         |                          |
| I Have Disposed of Asset(s) for Less than<br>Fair Market Value during the Last Two Years ..... | <input type="checkbox"/> |                         |                          |

Do you have **any other asset(s)** to declare that is not listed above? .....Yes  No

If Yes to above, please list: \_\_\_\_\_

### Part III – Medical Expenses

**Note: Only complete this section if you are 62 years of age or older, handicapped or disabled.**

I have the following medical expenses (check all that apply):

- Medicaid Assistance.....
- I have no unreimbursed Medical Expenses.....
- Medicare Premiums.....
- Unreimbursed Doctor Expenses.....       How Many Doctors?..... \_\_\_\_\_
- Unreimbursed Prescription Expenses.....       How Many Pharmacies?..... \_\_\_\_\_
- Outstanding Medical Bills.....
- Medical Insurance Premiums (not Medicare).....
- Over-the-counter, non-prescription medication ...
- Reimbursed medical or prescription expenses.....

Do you have **any other Medical Expense(s)** to declare that is/are not listed above? ..Yes  No

If "Yes" to above, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Part IV – Signature

I hereby declare that the information contained in this document is true and correct to the best of my ability. I further assert that I have declared all income, assets and (if applicable), medical expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part V – Names and Addresses**

Please list the names and addresses for all items. Please list *complete* address, including Zip Code.

**Employment:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Pension:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Pharmacy\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Pharmacy\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Physician\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Outstanding Medical Bill\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Outstanding Medical Bill\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Medical Insurance\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Medical Insurance\*:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

**Other:**

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

*\*Only complete items marked with an asterisk (\*) if Head of Household, Co-Head of Household or Spouse is 62 years of age or older or handicapped or disabled.*

May 1988  
P-88-2

# Things You Should Know

*Don't risk your chance for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and housing forms.*

## Purpose

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 Housing and Urban Development (HUD) 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;
- 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 fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

## Completing the Application

When you give your answers to applications, you **must** include the following information:

### Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union account, or certificate of deposit; dividends from stocks, etc.);
- Earnings from a second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All bank accounts, savings bonds, certificates of deposits, stocks, real estate, etc., that are owned by you and by any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 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 certification 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, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on your 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 members own and any asset that was sold in the last 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 file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered in 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 manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

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 Applicant/Tenant Signature

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 Date

**Authorization for the Release of Information/  
Privacy Act Notice**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

<p>PHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)</p>	<p>IHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)</p>
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**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Allen Park Housing Commission**  
 17000 Champaign • Allen Park, MI 48101  
 Phone: (313) 928-5970 • Fax: (313) 928-0488

## Declaration of Section 214 Status

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States of America. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States of America because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (Attach evidence of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed consent form.
- Immigration status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
- Permanent residence under §249 of INA; or
- Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA; or
- Parole status under §§212(d)(5) of the INA; or
- Threat to life or freedom under §243(h) of the INA; or
- Amnesty under §245A of the INA

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Signature

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Date

- Check box if signature is of adult residing in unit who is responsible for child listed above

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

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- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (Attach evidence of age); or
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- Amnesty under §245A of the INA

---

Signature

---

Date

- Check box if signature is of adult residing in unit who is responsible for child listed above

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

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## NOTIFICATION OF RIGHTS AND OBLIGATIONS VIOLENCE AGAINST WOMEN ACT

To: Applicant

**From: Allen Park Housing Commission**

In January 2006, President Bush signed a law known as the Violence Against Women and Department of Justice Reauthorization Act of 2005. Portions of this law create new protections for victims of domestic violence, dating violence and stalking who are residents in public housing or who are assisted with section 8 rental assistance.

The following is a brief summary of the principal provisions of the new law, which is known as VAWA. Additional details are set forth in the [brochure/housing authority VAWA policy] delivered with this notice.

### **You should know that:**

1. **Admissions:** The housing commission may not deny admission to a public housing project to any applicant on the basis that the applicant is or has been the victim of domestic violence, dating violence, or stalking (see attached brochure for definitions of these terms), if the applicant otherwise qualifies for assistance or admission.

### 2. **Lease terms:**

- **An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of that violence.**
- **Additionally, your tenancy will not be terminated as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of your household, a guest or another person under your control, and you or an immediate family member is the victim.**

**You should also know that there are some limitations to these protections:**

- **Your tenancy *may be* terminated if the housing commission can demonstrate “an actual and imminent threat” to other tenants or to persons employed at or providing services to the development.**
- **So long as the housing commission does not apply a more demanding standard to you than to other tenants, your tenancy *may be* terminated for lease violations that are not based on an incident or incidents of domestic violence, dating violence or stalking for which VAWA provides protections.**

- **If you claim protection under VAWA against termination of your tenancy, the housing commission may require you to deliver a certification concerning the incident or incidents that you believe raises the VAWA protections. If you do not deliver this certification within the time allowed, you will lose your legal protections under VAWA.**

3. **Certification:** There are three ways to certify if the housing commission requests you to do so. The law allows you to fill out a HUD-approved form, which will be delivered to you by the housing commission, or you may provide a police report or court record, or you may have a professional person whom you consulted about the domestic violence, dating violence or stalking provide documentation as described more fully in the attached brochure. *You must deliver the certification in one of these three ways within 14 business days after your receipt of the housing commission's request for certification.*

4. **Confidentiality:** Information provided by you about an incident or incidents of domestic violence, dating violence or stalking involving you or a member of your household will be held by the housing commission in confidence and not shared without your consent, *except that this information may be disclosed in an eviction proceeding or otherwise as necessary to meet the requirements of law.*

5. **Removal of Perpetrator of Physical Violence:** VAWA contains a new provision of federal law that allows the housing commission to terminate the tenancy of, and evict, an individual tenant or other lawful occupant who engages in criminal acts of physical violence against family members. This action may be taken against the individual alone, without evicting, terminating the tenancy of, removing or otherwise penalizing other household members.

**For additional information, please consult the attached brochure and APHC VAWA policy. You may also contact the main administrative office at 313-928-5970.**

**I certify that I have received a copy of this Notification, the brochure and the APHC VAWA policy this date.**

\_\_\_\_\_

\_\_\_\_\_

Print Name

Date: \_\_\_\_\_

**Allen Park Housing Commission**  
 17000 Champaign  
 Allen Park, Michigan 48101  
 Tel: 313 928-5970      Fax: 313 928-0488

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the Allen Park Housing Commission any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Low Income Public and Indian Housing and/or other Housing Assistance Program. 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 me or my household may be needed. Verifications and inquiries that may be requested included but are not limited to:

- |                                |                                  |
|--------------------------------|----------------------------------|
| Identify and marital status    | Credit and Criminal Activity     |
| Employment, income & assets    | Medical or child care allowances |
| 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 continued participation in a housing assistance program. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

GROUPS THAT MAY BE CONTACTED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |   |  |
|---|--|
| Present and Previous Landlords<br>(including Public Housing Agencies) | State Unemployment agencies            |
| Courts and Post Offices   | Social Security Administrations        |
| Schools and Colleges  | Medical and Child Care Providers       |
| Law Enforcement Agencies  | Veterans Administration                |
| Support and Alimony Providers   | Retirement Systems                     |
| Past and Present Employers  | Banks and other financial institutions |
| Welfare Agencies  | Credit Providers/Credit Bureaus        |
|   | Utility Companies                      |

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 or recertification. If a computer match is done, I understand that I have a right to notification on 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 Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Services, Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS: I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSES STATED ABOVE.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_