

IRON COUNTY HOUSING COMMISSION APPLICATION

210 N. 3rd St. Crystal Falls MI 49920  P:906-875-6060 F:906-875-3430 E:victoria@ironcountyhc.org

Executive Director: Victoria Webb, PHM/ Board of Commissioners: Anita Phillips/Board President
Jennifer Ricker-Feak/Dona Heikkinen/Alyson Ayers/Greg Hall

Head of Household:

Mailing Address:

E-mail Address:

Phone Number:

 () - - Contact: () - Emergency Contact () - -

List of all Household Members:

Household member:	Relationship:	Sex:	Date of birth:	Disabled:	Income:	Special Accommodations:

Please bring in verification of income. Employment/Self-Employment (You must bring in 2 recent paystubs at minimum or an employer verification form provided by ICHC.) Tips, bonuses or commissions, or overtime pay provide verification.

A. Income	Yes: -provide amount and verifications-	No:
Are you or any other member of the household currently receiving income from any of the following sources? If you answer yes, provide verifications.		
Employer:		
Employer:		
Tips/ bonuses		

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Commissions:	Amount:	
Social Security	Amount: monthly	
Unemployment:	Amount:	
SSI:	Amount:	
RSDI:	Amount:	
Public Assistance: FAP	Amount:	
Cash assistance:	Amount:	
State Aid:	Amount:	
Child Support:	Amount:	
Educational Grants/	Amount:	
Scholarships:	Amount:	
Tribal Per Capita Payments:	Amount:	
Child Care Reimbursement:	Amount:	
Military Pay:	Amount:	
Workman's Compensation:	Amount:	
Pensions:	Amount:	
Retirement Funds:	Amount:	
Alimony:	Amount:	
Government program Funds: Wages	Amount:	
Lump sum payments:	Amount:	
Inheritance:	Amount:	
Lottery Winnings:	Amount:	
Insurance settlements:	Amount:	
Other:	Amount:	
Recurring Contributions:	Amount:	
Death Benefits:	Amount:	
Income from Rent:	Amount:	
Income from Property Sales:	Amount:	
Annuities:	Amount:	
Non- Revocable Trust:	Amount:	
Severance payments:	Amount:	
Zero Income: -		
Do you file Federal Tax forms: List all members:	Amount:	
Income source not listed:	Amount:	

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B. Assets: Yes /No Do you or any other members of the household have any of the following:

Checking Accounts Bank _____

Savings Accounts Bank _____

Select the following:	Yes	No
Online banking		
Certificates of Deposit		
Money market funds		
Ira/like accounts		
Stocks		
Trust funds		
Bonds		
Real Estates		
Whole life INS. Policy		
Sold assets/disposed of in the last 2 years?		
Assets held Jointly?		
Other		

Do you or any other household members have any assets that are held jointly with another person? Other (Please List): _____

C. Deductions: Yes/ No.

Deductions:	Yes	No
Fulltime students over 18		
Elderly over 62		
People with Disabilities		
Do you have medical expenses not paid for by outside sources?	List: Receipts:	
Disability expenses:		

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Disability Expenses so family member can work? And or attend educational programs?		
Childcare services		
List: Provider:		

D. Eligibility:	Yes	No
Absent family member		
Employment		
Military service		
Placement in foster care		
Other		
Background: Household Composition:		
Listed sex offenders in home		
Birth of a child:	Due date:	
Adoption:		
Custody:		
Foster Children:		
Displaced by Govt. Action		
Displaced by Natural Disasters:		
Displaced of no fault:		
Ever arrested/convicted		
Felony charges:		
On parole/probation:		
Do not omit information =Fraud		

Current Landlord information:	Phone:	Status:
Past Landlord information:	Phone:	Dates:

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References:	Phone:	Relationship:
1		
2		
3		
4		

E. Certification – Please Read – Very Important-- I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge. I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verification as required. I have no objections to inquiries being made for purpose of verification. I know I am required to report immediately in writing all changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report to ICHC anyone who is staying with me. I certify the house or apartment will be my principal residence- and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not sublease my assisted residence. *I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.*

_____ **Print Name Head of Household**

_____ **Signature of Head of Household Date**

_____ **Print Name Co-Head**

_____ **Signature of Spouse/Co-Head Date**

_____ **Print Name Other Family Member Over Age 18**

_____ **Signature of Other Family Member Over Age 18**

Date of completed application: _____

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I, _____, AS DEMONSTRATED BY MY SIGNATURE HAVE BEEN MADE AWARE OF NOTICE PIH 96-16 ISSUED APRIL 12, 1996, THE "ONE STRIKE YOUR'E OUT" SCREENING AND EVICTION GUIDELINES FOR PUBLIC HOUSING AUTHORITIES, (HA'S). **I HEREBY GRANT PERMISSION TO THE IRON COUNTY HOUSING COMMISSION TO SUBMIT MY NAME TO THE APPROPRIATE AGENCY TO DETERMINE ANY DRUG RELATED ACTIVITY, CRIME AND OR CREDIT REPORTING BY MYSELF OR A MEMBER OF MY FAMILY WITHIN THE LAST THREE YEARS (3).** I AM AWARE IN ORDER TO SECURE HOUSING ASSISTANCE IT IS REQUIRED THAT THIS SCREENING BE A PART OF THE APPLICATION PROCESS.

EXECUTIVE DIRECTOR: _____

DATE of Search:

SCREENING PROCESS FOR DRUG ACTIVITY DREG-RELATED BEHAVIOR/CRIME/CREDIT SEARCH

FULL NAME INCLUDING MIDDLE NAME; _____

DATE OF

BIRTH _____ SEX _____

SOCIAL SECURITY NUMBER _____

DRIVER LISCENSE

NUMBER _____ STATE _____



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CURRENT
ADDRESS _____

CITY, STATE,
ZIPCODE _____

Authorization to Release Information

Applicant/Tenant Name: _____

Social Security Number: _____ - _____ - _____

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, assets, family composition, marital status, deductible expenses, rental history and criminal history. The individual named above has authorized by signature below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Executive Director PHM

(906) 875-6060
Telephone Number

(906) 875-3430
Fax Number

I, _____, hereby authorize the release of any and all information requested by the Iron County Housing Commission.

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Signature: _____ Date: _____

Address: _____ City: _____ State _____ Zip Code _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.