

**HOUGHTON HOUSING COMMISSION      APPLICATION NO. \_\_\_\_\_**  
**APPLICATION FOR ADMISSION**  
**LOW - INCOME PUBLIC HOUSING**

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT. NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE \_\_\_\_\_ MESSAGE WORK/PHONE \_\_\_\_\_

<b>I. FAMILY COMPOSITION: ALL PERSONS WHO WILL BE LIVING WITH FAMILY</b>									
	Names of Family Members			Social Security No.	Relation To Family Head	Date of Birth	Age	Sex	Other
	Last	First	Middle						
1									
2									
3									
4									
5									
6									
7									
8	Do you expect any additions to your family?								
9	Do you have any pets?			Please Identify:					

<b>II. NAMES OF PERSONS WHO COULD BE NOTIFIED IN CASE YOU CANNOT BE REACHED</b>							
	Name	Relation To Family	Address	Phone No.	Speaks English?		
1							
2							
3							

<b>III. ASSETS (A FULL AND COMPLETE LIST OF ALL ASSETS OF THE ENTIRE FAMILY)</b>				
Type of Account	Account No.	Bank Name	Bank Address	Amount
Checking Account?				
Savings Account?				
Savings Certificate?				
Certificate of Deposit?				
U.S. Savings Bonds? (Value?)				
Stocks & Bonds? (Value?)				
Real Estate? (Location & SEV?)				
Have you disposed of any real property or assets in the last 2 years?      Yes ___ No ___				
If yes, please list.				
Credit Union Shares/Credit?				
Cash or Other?				
Do you own a car? If yes: License Plate Number _____ Make _____ Year _____ Value _____				

IV. INCOME: LIST SOURCE, RATE AND TYPE FOR YOURSELF AND ALL OTHERS IN HOUSEHOLD.				
	Family Member	Employer	Rate of Pay	Hours Worked
1				
2				
3				
4				
5				

V. LOCAL RESIDENCE				
			YES	NO
	A Have you ever rented from the Houghton Housing Commission?			
	B Have you ever participated in the Section 8 Program?			
	C Have you ever applied for public housing before?			
	D Please list below, addresses, Landlords' Name & Address for prior residences:			
1	Your PRESENT Address _____	How Long _____		
	City & State _____	Phone _____		
	Landlord's Name _____	Phone _____		
	Address _____			
	City & State _____	Zip Code _____		
	Were you evicted by Landlord? _____	If yes, why: _____		
2	Your PREVIOUS Address _____	How Long _____		
	City & State _____	Phone _____		
	Landlord's Name _____	Phone _____		
	Address _____			
	City & State _____	Zip Code _____		
	Were you evicted by Landlord? _____	If yes, why: _____		
3	List any other previous Landlords which you have had. Also, list other landlords whom you have been evicted by. IF NECESSARY, PLEASE USE REVERSE SIDE.			

VI UTILITY HISTORY	
A	Which utility companies have you done business with?
B	Is/Was the account in your name? _____ Is there a balance? _____
C	Have you been consistent with payments? _____
D	Have you recovered your deposit? _____

VII CRIMINAL HISTORY	
A	Have you or any family member been convicted of any offense other than a minor traffic violation? If yes, which member, what year and the offense:

The following information is required for statistical purposes only, so the Department of Housing & Urban Development (HUD) may determine the degree to which its programs are utilized by minority families. The General Counsel of HUD has ruled that the regulation issued on behalf of the secretary requiring collection of racial and ethnic data has the force and effect of law and takes precedence over any conflicting State or Local requirements.

Racial Group identification: HEAD OF HOUSEHOLD

1. White \_\_\_\_\_ 2. Black \_\_\_\_\_  
 3. American Indian or Alaskan Native \_\_\_\_\_ 4. Asian or Pacific Islander \_\_\_\_\_

Ethnic Group: 1. Hispanic \_\_\_\_\_ 2. Non-Hispanic \_\_\_\_\_

I understand that the informatin given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility for public housing. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge, and I understand that my selection for public housing will be contingent upon the housing authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me will result in denial of my application or eviction from any dwelling unit obtained from the PHA and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Further, I certify that I have received a copy of "The Dangers of Lead Poisoning to Homeowners".

WARNING: Section 1001 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 U.S. as to any matter within its jurisdiction.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

Intimidatory or retaliatory action or threat thereof against any applicant or tenant because of participation in civil rights activities or having asserted any rights under the Civil Rights Act and HUD Regulations and Requirements is prohibited.

	REFERENCES	PHONE #	ADDRESS	RELATIONSHIP
1				
2				
3				

	CREDIT REFERENCES			
1				
2				
3				

**P R E F E R E N C E**

Congress has determined that under certain circumstances, an applicant for public housing or a subsidy program will be eligible for priority on the waiting list.

Please read this information carefully and place an "X" next to each item which pertains to your situation. At the time we contact you regarding a vacancy, you will be required to document the preference (s) you claim you are eligible for.

**I. LIVING IN SUBSTANDARD HOUSING:**

- 1 My dwelling unit is dilapidated because:
  - A. It does not provide safe and adequate shelter and endangers the health, safety, or well-being of the family: \_\_\_\_\_
  - B. It has one or more critical defects or combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding: \_\_\_\_\_
- 2 There is no operable indoor plumbing: \_\_\_\_\_
- 3 There is no usable flush toilet inside my unit for the exclusive use of my family: \_\_\_\_\_

- 4 There is no usable bathtub/shower inside my unit for the exclusive use of my family: \_\_\_\_\_
- 5 There is no electricity or there is inadequate or unsafe electrical service: \_\_\_\_\_
- 6 There is no safe or adequate source of heat: \_\_\_\_\_
- 7 There is no kitchen: \_\_\_\_\_
- 8 It has been declared unfit for habitation by the government: \_\_\_\_\_
- 9 I am homeless and:
  - A. Lack a fixed, regular and adequate night-time residence: \_\_\_\_\_
  - B. Have a primary night time residence that is a:
    - i. Supervised shelter designed to provide temporary living accommodations: \_\_\_\_\_
    - ii. Institution that provides temporary residence for individuals intended to be institutionalized (not jail): \_\_\_\_\_
    - iii. Public or private place not normally used as a regular sleeping place for humans: \_\_\_\_\_

**Preference - Part II (con't)**

**II. HAVE BEEN INVOLUNTARILY DISPLACED (AND IS NOT LIVING IN STANDARD, PERMANENT REPLACEMENT HOUSING, OR, WITHIN NO MORE THAN (6) MONTHS FROM THE DATE OF CERTIFICATION OR VERIFICATION, THE APPLICANT WILL BE DISPLACED).**

- 1 There has been a disaster which makes the unit uninhabitable (Example: flood, fire, etc.): \_\_\_\_\_
- 2 There has been governmental action in connection with code enforcement, public improvement or development program: \_\_\_\_\_
- 3 My landlord has taken action and I have to move because:
  - A. The reasons for the landlord's actions are beyond my control: \_\_\_\_\_
  - B. The unit will be converted to a condo: \_\_\_\_\_
  - C. The unit will be closed (Example: rehabilitation): \_\_\_\_\_
  - D. He wants the unit for personal or family use: \_\_\_\_\_
  - E. The unit is sold with my agreement to vacate upon sale: \_\_\_\_\_
  - F. Other: \_\_\_\_\_

- 4 I have vacated the unit because of actual or threatened violence directed toward a member of my household: \_\_\_\_\_
- 5 I live with a person who engages in violence: \_\_\_\_\_
- 6 The violence occurred recently or is of a continuing nature: \_\_\_\_\_

**III. IS PAYING MORE THAN 50% OF GROSS INCOME FOR RENT.**

- 1 Current Monthly Rent Amount: \_\_\_\_\_
- 2 Plus - Monthly Utilities \_\_\_\_\_
- Total Monthly Allowance \_\_\_\_\_
- 3 Monthly Income \_\_\_\_\_
- 4 Allowance divided by Monthly Income = \_\_\_\_\_ %

**IV. RESIDENCY:**

- 1 I live in the City of Houghton \_\_\_\_\_
- 2 I live in Houghton County: \_\_\_\_\_

**V. BROAD RANGE OF INCOME**

- 1 Applicant is a working Family (working more than 20 hrs per week and/or in an educational program). \_\_\_\_\_

**VI. VETERAN:**

1 I am a veteran or serviceman or the spouse of a veteran or serviceman (A veteran is a person who has served at least six (6) months in the Armed Forces of the U.S.A. and was discharged under circumstances other than dishonorable. A serviceman is a person presently serving in the Armed Forces):

---

**Preference - Part II (con't)**

**VII. APPLICANT IS IN A CHILD RE-UNIFICATION PROGRAM**

---

I certify that my present circumstances qualify me for one or more of the preferences as outlined above. I understand if my circumstances change, I may no longer qualify for preference. I also understand it is my responsibility to provide proof, to the satisfaction of the Houghton Housing Commission, that I qualify for the preference.

---

**Applicant Signature**

---

**Date**

