

**LAPEER HOUSING COMMISSION
APPLICATION FOR PUBLIC HOUSING**

For Office Use Only

Applicant: Please be sure to answer each question on the form with yes or no, or N/A or information requested and type or use an ink pen.

Date: _____ Time: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name, phone numbers, and addresses of two friends or relatives we can contact if unable to reach you:

Name: _____ Phone: _____ Relationship: _____

Address _____

Name: _____ Phone: _____ Relationship: _____

Address _____

Current Housing Status

How many people live in your unit now? ____ How many bedrooms do you have? _____

Landlord's Name: _____

List the last three landlords you have rented from and their addresses, and phone numbers

Do you wish to move? Yes No If yes why? _____

Are you being evicted? Yes No If yes, explain the circumstances: _____

Are you being displaced from your present unit? Yes No If yes, explain the circumstances: _____

What is your current rent? \$ _____ Security Deposit Paid? \$ _____

Are you now living in Public Housing Yes No

Have you ever lived in Public Housing Yes No, If yes, where? _____

Household Composition and Characteristics

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.

Member #	Members Full Name Last, First, M.I.	Relationship	Birth Date & Place	Age/Sex	Social Security #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you plan to have anyone living with you in the future who are not listed above? Yes No
 If yes, explain: _____

Is any member of this household handicapped or disabled? Yes No

Income Information

Please answer each of the following questions. For each “yes “ answer, provide the details in the following chart.

- Is any member of your household employed, full-time, part-time or seasonally? Yes No
- Does any member of your household work for someone who pays them in cash? Yes No
- Is any member of your household on leave of absence from work due to lay-off or medical? Yes No
- Does any member of your household now receive, or expect to receive unemployment benefits? Yes No
- Does any member of your household now receive, or expect to receive alimony? Yes No
- Does any member of your family now receive or expect to receive welfare assistance, Social Security, or pension? Yes No
- Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? Yes No
- Does any member of your household receive income from assets including interest on checking or saving accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? Yes No

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next 12 months.

Member #	Source of Income/Type of Income & Address	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Income

H/Dorothy/Riverview Towers

Social Security (Gross) _____

Supplemental Security Income _____

VA Pension _____

Company Pension _____

Interest _____

Dividends _____

Total Monthly Income _____

Assets Information

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Savings Account _____

Savings Certificate _____

Stocks (Market Value) _____

Bonds _____

Real Estate (Value) _____

Checking Account _____

Total Assets _____

Member #	Bank Name and Address	Account Number	Current Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? Yes No

Have you sold or given away real property or other assets in the past two years? Yes No

If yes, what is the current market value of the asset? _____

Are you without housing or about to be without housing? Yes No

Are you presently living in substandard housing? Yes No

Fill out only if any family member is 62 years of age or older, handicapped or disabled.

H/Dorothy/Riverview Towers

Are you receiving Medicare Benefits? _____

Are you receiving medical assistance through the Welfare Department? _____

Do you pay for any Medical Insurance? Hospitalization? _____

Is this a Payroll Deduction? _____ If yes, amount: _____ Per _____

If paid directly, amount of premium: _____ Per _____

Are you making any payments on outstanding medical bills: _____ Explain: _____

Do you take prescription drugs on a regular basis, that are not covered by insurance? _____

Is there any member in the household that is employed, and must have care for a handicapped member to be gainfully employed? _____ Describe: _____

Applicant Certification:

I/We certify that the information given to the Lapeer Housing Commission on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

I do hereby authorize the Lapeer Housing Commission and it staff to contact any agencies, offices, groups or organizations to obtain information or materials which is deemed necessary to complete my application in the Housing Assistance Payments Program.

I give my permission for you to do a credit rating report.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Representative of PHA: _____ Date: _____

Comments: