

OFFICE USE ONLY HOH NAME (Last, First): _____

APPLICATION

CHEBOYGAN HOUSING COMMISSION

659 Cuyler St. - P.O. Box 5069 - Cheboygan, MI. 49721-5069 Phone :231.627.7189 Fax:231.627.5772
Email: cheboyganhousing@gmail.com



IF YOU OR ANY MEMBER OF YOUR FAMILY REQUIRE AN ACCOMMODATION for language or ability so that you can fully access all aspects of rental assistance programs, contact 231.627.7189 or email Cheboyganhousing@gmail.com

Do you require oral and/or written information in a language other than English?

Yes No If **NO**, please continue

Do you require an accommodation to read or understand this application?

Yes No If **NO**, please continue

Cheboygan Housing Commission is a federally subsidized public housing authority (PHA).

INSTRUCTIONS FOR APPLICANTS

This application is good for rental assistance in the City of Cheboygan and surrounding townships only (49721 zip code) – see the back page for additional resources. Complete this form in ink in your own handwriting. Do not leave any section blank. Any required information not received at the PHA within ten (10) business days will result in denial of application.

Applications will not be accepted without **ALL** of the following documentation for **EVERY** person that will be living in the household (list of acceptable verifications is on page 2).

- Birth certificates for all members of household
- Social Security Card for all members of household
- Drivers License or State ID for all adult applicants (front & back, must have clearly visible photo)
- Proof of income & assets for all members of household (see page 2 for acceptable proof)
- Name and address of any parent of minor children if parent will not be living in the household

Wait List Preferences (Check If Applicable):

- Proof of Serving in the Armed Forces
- Employed 30 Days
- Displaced
- Violence Against Women/Domestic Violence - request additional information if needed
- Elderly/Disabled Head of Household

Original documents provided to the PHA will be copied and returned to the head of household at the address provided.

Incomplete application will be returned to head of household at address provided. Application must be signed by **ALL** adults listed in the household.

PUBLIC HOUSING ONLY – all properties are smoke free. Please request information on Community Service Self-Sufficiency Requirement if needed.

OFFICE USE ONLY Date & Time Received: _____ Received via: in person email fax other

Received By: _____ Initially Eligible? Yes No Date added to wait list: _____

Preference(s) entered: _____ Eligible for 504 Unit? Yes No

Reasonable Accommodation(s) Requested by Applicant: _____

I. APPLICANT HEAD OF HOUSEHOLD INFORMATION

You must notify the Cheboygan Housing Commission in writing of any changes in address, phone number, income or family status in order for your application to remain on our waiting list. If your application is not kept up to date, you may be required to fill out a new application.

Applicant Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Physical Address Where You Currently Reside: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Program Wait Lists you are applying for (check all that apply): Public Housing Housing Choice Voucher

II. CURRENT HOUSING

Is any member of the household a veteran? Yes No
Area you seeking housing due to a presidentially declared disaster? Yes No
Current circumstances (check all that apply): Fleeing domestic violence Displaced due to government action
No fixed nighttime residence Displaced due to personal/private action such as eviction Not displaced
Housing required to achieve or maintain family unification Aging out of State foster care system

III. ACCEPTABLE VERIFICATION OF PREFERENCES

Federal regulations require you to verify certain statements or claims you make on your application for admission. Below are examples of documents we require to verify your information. Preference will not be added to wait list/application until acceptable written verification is received.

IDENTITY (front and back of ID required)

- Current State issued driver’s license
- Current State issued picture state I.D.

U.S. CITIZENSHIP/LEGAL RESIDENCE

- Citizenship Declaration 241
- Social Security Card

VERIFICATION of AGE & PARENTS of MINORS

- Birth Certificate
- Baptismal Certificate
- Custodial Guardianship/Adoption Court Order

MILITARY SERVICE/VETERAN PREFERENCE

- DD214
- Active pictured military card

VIOLENCE AGAINST WOMEN ACT (VAWA)

- Please request Domestic Violence Certification form
 - Police Report
 - Statement from Domestic Violence Shelter or Counselor
- *Please provide the best address for the PHA to mail communication to protect your health and safety*

FAMILY UNIFICATION

- Statement from Public Child Welfare Agency

INVOLUNTARY DISPLACED

- Displaced by Disaster
- Michigan Government Action
- Housing Owner’s Action (Must have eviction/foreclosure notice)
- Homeless verification from shelter and/or housing assistance resource agency (HARA)

INCOME VERIFICATION

- Statement from Employer (Signed and Dated)
- Employment Pay Stubs (Minimum 30 days)
- Child Support Court Order or MiWAM statement showing amount received in the last 12 months
- Alimony Court Order or statement
- Unemployment (Current Benefit Letter)
- V.A. Benefits (Current Letter from VA)
- Social Security, SSI, SSD (Current SSA benefit Letter)
- State Supplement (Current letter from MDHHS showing monthly or quarterly amount received)
- Tax Return Documentation (W4 or 1040)
- Written verification of any other income you are receiving

ASSETS

- Most recent month end bank statement(s)
- Statements of cash value on all accounts/policies
- Statements of any real property recently disposed

IV. HOUSEHOLD COMPOSITION

All persons who will live in the rental unit must be listed.

NO PERSON MAY RESIDE IN A SUBSIDIZED UNIT WHOSE RESIDENCY HAS NOT APPROVED BY THE PHA.

NOTE: No application for rental assistance will be discriminated against for any reason including gender, age, race, family status, ethnicity, religion or ability. Applicants are not required to disclose a disability, however, benefits available to persons with a disability cannot be provided unless disability status is disclosed.

LIST ALL HOUSEHOLD MEMBERS BEGINNING WITH THE HEAD OF HOUSEHOLD FIRST – request additional pages if needed.

*Use the following codes for relation to head of household: A=Adult who is not a full time student FA=Foster Adult E=Full time student over age 18
L=Live In Aide Y=Youth under 18 FC=Foster Child LC=Child of Live in Aide

Full Name as It Appears on Social Security Card	Social Security Number	*Relation to Head of Household	Sex	Race/Ethnicity	Date of Birth	Disabled?	Most Recent Date Employed	Most Recent Date TANF Received
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last First MI			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Decline to Disclose			<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Head of Household, spouse or co-head may not apply as student.

List Name(s), Address(es) and Phone Number(s) for any PARENTS of youth (excluding foster children) in the household that are not living in the home:

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

Name: _____ Address: _____ Phone Number: _____

IV. Household Composition (continued)

1. If a Social Security Number is not provided for any household member, check the reason below:

- (insert name) _____ is an eligible non-citizen
- (insert name) _____ has not been assigned a social security number, and was receiving HUD rental/housing assistance on January 31, 2010, and was 62 years old or older as of January 31, 2010.

2. List all states in which any adult household member has resided: _____

3. Is any household member over age 18 (other than head of household, spouse, or co-head) a full-time *college/higher education student? Yes No If **YES**, list the name of the school attending: _____
 *Transcript verifying school and credit hours enrolled in is required

4. Is the Spouse of the Head of Household temporarily absent from the home? Yes No
 a. If **YES**, where is he/she? _____ When will the person return? _____

b. Does the absent spouse have income? Yes No
 If **YES**, list amount and pay schedule? _____ Income Source? _____

5. Does anyone in the household require an accommodation such as ramp, handrails, etc.? Yes No
 If yes, please state requirements: _____

6. Does any elderly or disabled family member require a live-in aide? Yes No

V. INCOME AVAILABLE TO THE HOUSEHOLD – see page 2 for acceptable verification of income

Type of Income			Name of person receiving this income	Company, agency or individual making payment	Gross Income	Payment Period/Schedule		
	Yes	No				/hour	/week	/month
Wages/Earned					\$			
TANF/Welfare					\$			
Self-employment					\$			
Pension/Retirement					\$			
SSI					\$			
Social Security					\$			
Unemployment					\$			
Worker's Comp.								
Regular Cash Gifts, payments or contributions from outside of the household								
Military Income								
Veteran's Benefits								
Seasonal or Temporary Work								
Student Financ. Aid								
Lump Sum Payments								
Other								

Previous Year Tax Return – indicate the amount of gross income for each family member as shown on the individual or joint Federal Income Tax Return.

Taxpayer:	Date of Return:	Annual Gross Income:
Taxpayer:	Date of Return:	Annual Gross Income:

1. Does anyone outside the household help with bills on a regular basis? Yes No
 If **YES**, list the name of each person or agency that contributes to your hold: _____

2. Has anyone in the family applied for any other public benefit program such as Social Security Disability, Temporary Assistance for Needy Families (TANF) or other that are in the process of being approved?

Yes No If **YES**, explain: _____

3. Has any member of the household applied for child support? Yes No

4. Has any member of the household applied for spousal support? Yes No

VI. ASSETS AVAILABLE TO THE HOUSEHOLD – see page 2 for acceptable verification of assets

Type of Asset	Yes	No	Name of Family Member Owning Asset	Value	WHERE ARE ACCOUNTS/ASSETS and how much do you earn (i.e. % rate or income generated)
Real Estate (home/land)					
Stocks					
Bonds					
Pension/Retirement					
Insurance Policy with Cash Value					
Checking Account – including Direct Express Cards					
Savings Accounts					
Certificate of Deposit					
Trust					
Other (list):					

VII. ELIGIBLE EXPENSES

Do you pay for any out of pocket medical or disability assistance expenses that will NOT be reimbursed by insurance or another outside source? Do NOT include life or burial insurance premiums. Complete ONLY if head of household or spouse is 62 years of age or older or disabled.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for him/her or any other adult family member to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay for childcare for children under age 12 while you work, attend school, or seek employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. PREVIOUS HOUSING ASSISTANCE

1. Has any member of the household been in a federally assisted housing program? Yes No

2. If **YES**, who (list names) and where (name of housing agency)? _____

Why did you move? _____

Were any wages disregarded in calculating your rent? Yes No Unsure

Was a debt or termination documented at move out? Yes No Unsure

3. Has any member of the household been evicted from federally assisted housing in the past three (3) years?

Yes No If **YES**, who, where and why? _____

IX. CRIMINAL HISTORY

1. Has any member of the household been arrested, charged, or convicted for any of the following?

Violent Criminal Activity Yes No

Domestic Violence, Dating Violence, Sexual Assault or Stalking Yes No

Alcohol-related offenses Yes No

Manufacture or distribution of methamphetamines Yes No

Possession, use, sale or distribution of illegal drugs Yes No

2. If **YES**, to any of the above questions, provide the name and phone number for probation or parole officer:

P.O. Name: _____ Phone Number: _____

3. Is any member of the household required to register in any state as a sex offender? Yes No

If **YES**, list name of household member and state: _____

X. RENTAL HISTORY

Rental History for **ALL ADULTS** for minimum of past five (5) years is required.

Current Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Previous Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Previous Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Previous Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Previous Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Previous Owner/Landlord Name: _____ Phone Number: _____

Owner/Landlord Address: _____ City: _____ State: _____ Zip: _____

Rental Unit Address: _____ City: _____ State: _____ Zip: _____

Dates of Occupancy Beginning: _____ Ending: _____ Tenant paid utilities: gas electric other

Were you ever late paying rent? Yes No Were you evicted or asked to move? Yes No

Please list any other owners/landlords you have rented from and whether you were evicted by them:

XI. CREDIT HISTORY/PERSONAL REFERENCES

1. List a business where you have made payments in the past 24 months: _____

2. List a credit card you have made payments on in the past 24 months: _____

3. List two references to whom you are NOT RELATED who have knowledge of your ability to and willingness to abide by a Lease agreement and honor obligations:

Name: _____ Phone or Email: _____ Years known: _____

Name: _____ Phone or Email: _____ Years known: _____

XII. MISCELLANEOUS INFORMATION

- 1. List vehicle(s) that will be parked on PHA owned property, if you move in you will be required to provide registration and will receive a parking sticker. Make _____ Model _____ Color _____ Plate# _____
- 2. Do you own a pet? Yes No If **YES**, breed and size of pet: _____
- 3. How did you learn about our programs? _____
- 4. Did anyone help you complete this application? Yes No If **YES**, who? _____
- 5. Would you like to add anyone to your application as an emergency contact if you can't be reached? Yes No

XIII. REQUIRED SUPPLEMENTS TO THE APPLICATION

The following documents and Release of Information (ROI) forms are required for this application to be complete and will be provided at an eligibility interview if/when you respond to notice that you have been selected from the wait list:

- 214 Citizenship Declaration
- HUD Form 92006, Emergency Contact ROI
- HUD Form 9886, Privacy Act ROI
- HUD Form 52675, Debts & Terminations
- Acceptance of UIV/EIV Policy
- Criminal History ROI

XIV. APPLICANT CERTIFICATION

ALL FAMILY MEMBERS OVER AGE 18 MUST CERTIFY TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. 'X' NEXT TO EACH ITEM LISTED AND SIGN BELOW.

- I/we certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.
- I/we understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance and evction after Leasing a dwelling unit.
- I/we understand that all information provided in ths application and required supplements provided during an eligibility interview are subject to verification.
- I/we further understand that any changes to information provided in this application must be provided to the PHA within fourteen (14) calendar days of such change fore the application to remain valid.

After submitting this application, it then becomes the property of the Cheboygan Housing Commission and cannot be returned.

I have no objections to inquiries being made for the purpose of verifying the statements made herein.
"I consent to allow Cheboygan Housing Commission to request and obtain information for the purpose of verifying my eligibility".

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

WARNING: Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government.

If you feel you have been discriminated against contact national Fair Housing and Equal Opportunity Hotline at 1.800.669.9777

Thank you for applying and we hope to have the opportunity to serve you!

CHEBOYGAN COUNTY HOUSING AND RESOURCE INFORMATION

(Please keep this sheet for future reference)

Updated 6/26/2020

RENTAL ASSISTANCE

MSHDA HOUSING CHOICE VOUCHERS

Michigan State Housing Development Authority
989-275-7265 (Located in Roscommon, Michigan, but services northern Michigan)
Website:
<http://webapp.mshda.cgi-bps.com>

CHEBOYGAN HOUSING COMMISSION

Public Housing & Housing Choice Vouchers
659 Cuyler St., Cheboygan, MI. 49721
231-627-7189
(Non-emergency rental assistance in 49721 area)

EVICTION PREVENTION

NEMCSA

2375 Gordon Rd.
Alpena, MI. 49707
866-484-7077 Ext. 278

EMERGENCY SHELTERS

WOMEN'S RESOURCE CENTER

825 S. Huron St., Cheboygan, MI. 49721
Main Office: 231-347-0067
Safe House: 800-275-1995 or
231-347-0082 (24 hours)

MARY MARGARET-NEHEMIAH PROJECT

HOSPITALITY HOUSE
Petoskey: 231-439-5667

NEHEMIAH HOSPITALITY HOUSE

(For Men Only)
36 Bridge St., Petoskey, MI. 49770
231-347-0363

SUNRISE CENTRE

630 Walnut St., Alpena, MI. 49707
989-356-6649 or 800-686-0749

FOOD PANTRIES

NEMSCA Food Programs: 866-270-0685
Lord's Kitchen: 627-1173
MSU Extension Project Fresh: 627-8815
St. Thomas Church: 627-3167
Salvation Army: 627-9003

OTHER SERVICES

MI DEPT. HEALTH/HUMAN SERVICES (MDHHS)

827 S. Huron St., Cheboygan, MI. 49721
231-627-8500
Client Connect Phone: 844-464-3447
Email: MDHHS-Northern5@michigan.gov

VETERAN'S SERVICES

870 S. Main St., Cheboygan, MI. 49721
231-627-8833

VITA (Tax Preparation - Seasonal)

231-333-9089

HABITAT FOR HUMANITY

(Purchasing/Building a home)
9385 N. Straits Hwy., Cheboygan, MI. 49721
231-597-4663

CHEBOYGAN COUNTY COUNCIL ON AGING

1531 Sand Rd. Cheboygan, MI. 49721
231-627-7234

MICHIGAN WORKS!

11153 N. Straits Hwy.
Cheboygan, MI. 49721
231-627-4303

STRAITS AREA REGIONAL RIDE

(Cheboygan/Emmet/Presque Isle)
866-731-1204

LEGAL SERVICES OF NORTHERN MI

1349 S. Otsego Ave., Unit 7B
Gaylord, MI 49735
989-705-1067
888-645-9993 Toll Free
<http://www.lsnm.org>

2-1-1

Cheboygan County residents may call 2-1-1, a free phone number to access contact information related to health and human services assistance options such as food, clothing banks and financial assistance or access by the following link.
<http://www.211nemichigan.org>

THRIFT STORES

GOODWILL

982 S. Main St., Cheboygan, MI. 49721
231-446-9300

HABITAT RESTORE

9385 N. Straits Hwy., Cheboygan, MI. 49721
231-597-9463

SALVATION ARMY

444 S. Main St., Cheboygan, MI. 49721
231-627-9003

MENTAL HEALTH SERVICES

NORTH COUNTRY COMMUNITY MENTAL HEALTH

825 S. Huron, Suite #4, Cheboygan, MI. 49721
231-627-5627
Crisis Line: 800-442-7315

CATHOLIC HUMAN SERVICES

520 N. Main St., Cheboygan, MI. 49721
231-627-9917

DOMESTIC ABUSE PROGRAM OFFICES

Cheboygan – 231-627-2380
Petoskey – 1-800-275-1995
Gaylord – 517-731-0918

UTILITY ASSISTANCE

SALVATION ARMY

444 S. Main Street, Cheboygan, MI. 49721
231-627-9003

NEMCSA

2375 Gordon Rd.
Alpena, MI. 49707
866-484-7077 Ext. 278

IN HOME CARE

Comfort Keepers 231-373-5787
Gentle Winds 231-268-4288