

Alpena Housing Commission

Alpena Housing Commission

2340 S. Fourth Avenue, Alpena, MI 49707

Tele : (989) 884-5150 ---- Fax (989) 884-5140

ARE YOU ABLE TO GET GAS/ELECTRIC UTILITIES IN YOUR OWN NAME? yes OR no (circle one)

APPLICATION must be filled out completely

**ALONG WITH COPIES OF:
BIRTH CERTIFICATES
PICTURE IDENTIFICATION
SOCIAL SECURITY CARDS**

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



APPLYING FOR HUD HOUSING ASSISTANCE THINK ABOUT THIS...IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...?

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD makes sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline.

You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735.

You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov.

You can write the hotline at:

HUD OIG HOTLINE, GFI 451 7TH STREET, SW WASHINGTON, DC 20410

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ALPENA HOUSING COMMISSION

2340 S. FOURTH AVENUE

ALPENA, MI 49707

PH : (989) 884-5150 FAX: (989) 884-5140

Rental Application for Alpena Housing Commission

Name of Applicant		Current Address		City	State/Zip
Contact Number: ()					
First and last name of ALL person(s) on application Head of Household first	M / F	Social Security Number	Birthdate	Relationship	

ALL SOURCES OF MONTHLY INCOME (BEFORE TAXES) \$ _____

Type of Unit Needed: ☐ 1-bedroom ☐ 2-bedroom ☐ 3-bedroom ☐ 4-bedroom ☐ 5-bedroom

Do you have a pet? Yes ____ No ____, if so, what breed: _____

Do you wish to claim disability status or need any special unit / features/ communication for person(s) with disabilities such as:

(ADA Unit),(Strobe Smoke Alarm), (Strobe Door Bell), (ADA Grab Bars),(ADA Toilet Seat)? ☐ Yes ☐ No

If so, how could we reasonably accommodate you? _____

1. Have you ever lived in ANY Public Housing before? ☐ Yes ☐ No Where; (name/city/state/year) ? _____

2. Have you ever rented from the Alpena Housing Commission? ☐ Yes ☐ No If yes, what year? _____

What was the address: _____

Must list the last 5 years of landlord/living history with name, phone number, and address

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<u>Name of Current Landlord</u>	<u>Landlord address</u>	<u>CITY/STATE</u>	<u>ZIP</u>	<u>Current Landlord Phone</u>	
<u>Name on Lease</u>	<u>Address of Apartment/home you rented?</u>	<u>CITY/STATE</u>	<u>ZIP</u>	<u>Date From</u>	<u>Date To</u>
<u>RENT PAID?</u> \$	<u>Were You Evicted?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Do You Owe Rent?</u> <input type="checkbox"/> YES, How Much \$ <input type="checkbox"/> NO			

<u>Name of Past Landlord</u>	<u>Past Landlord Address</u>	<u>CITY/STATE</u>	<u>ZIP</u>	<u>Past Landlord Phone</u>	
<u>Name on Lease</u>	<u>Address of Apartment/home you rented</u>	<u>CITY/STATE</u>	<u>ZIP</u>	<u>Date From</u>	<u>Date To</u>
<u>RENT PAID?</u> \$	<u>Were You Evicted?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Do You Owe Rent?</u> <input type="checkbox"/> YES, How Much \$ <input type="checkbox"/> NO			

CRIMINAL HISTORY

- Have you or a member of your household ever been convicted of the illegal manufacture/distribution of a controlled substance? ☐ Yes ☐ No
- Have you or a member of your household (including children) ever been involved with fires that have resulted in damage to any building or any property? ☐ Yes ☐ NO
If yes, please explain _____
- Do you or any person on your application have any pending court matters relating to drugs, sex crimes or violence? ☐ Yes ☐ No
If yes, please explain _____
- Have you been arrested in the last two years? ☐ Yes ☐ No
If yes, please explain _____

I / We certify that the proceeding information is accurate and complete and acknowledge that inaccuracies and or omissions may be the basis of immediate cancellation of my/ our application by AHC management. The Alpena Housing Commission has the right to investigate and verify my credit, employment and income records and to order a credit report on any member of my household from the local credit bureau. The Alpena Housing Commission has the right to investigate our past and present landlord references.

I/ WE certify that the rental unit which I/ We occupy will be the permanent residence and further certify that I/ We do not maintain a separate subsidized rental unit at a different location.

Signature of Head of Household / Date

Signature of other adult / Date

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Authorization for Landlord/Rental History Notice and Consent for the Release of Information

Person Requesting Information: Carrie Burr Chief Financial Officer		Requested By: Alpena Housing Commission 2340 S. Fourth Avenue Alpena, MI 49707 Ph: (989) 884-5150 Fax (989) 884-5140
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Consent: I authorize and direct any Federal, State, or local agency, organization, business or individual to release any information or materials needed to complete and verify my application for participation Low Income Public and Indian Housing. 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 household or me may be needed.

Verifications and inquires that may be requested:

Criminal Activity Identity Status 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 and continued participation in a housing assistance program.

Groups or Individual That May Be Asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Previous Landlords (Including Public Housing Agencies / Law Enforcement Agencies/ Utility Companies/ Residences and Rental Activity.

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. If a computer match is done, I understand that I have a right to notification of 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 other Local Agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above.

The authorization will stay in effect for 15 (Fifteen) MONTHS from the date signed.

WARNING:

I/We understand and it is completely clear to me/us that it is a criminal offense to willfully make any false statement to this agency of the United States (United States Code, Title 18, Crime and Criminal Procedure, Section 1001). I/We further understand that I/We are liable to legal prosecution, if this or any future statement I/We make to the Alpena Housing Commission is found to be false. I / We understand that providing false statements or information is punishable under State and Federal Law.

Signatures:

Head of Household

Date

Other Adult

Date

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Applicant Name:	Cell Phone No:				
Mailing Address:					
<input type="checkbox"/> Check this box if you choose not to provide the contract information, then signs and date.					
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Name of Additional Contact Person or Organization:					
Address:					
Cell Phone No:	E-Mail Address (if applicable):				
Reason for Contact: (Check all that apply)					
<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Emergency	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Late rent payments	<input type="checkbox"/> Eviction	<input type="checkbox"/> Changes to Lease terms
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.					
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.					
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.					

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by owners and management agents administering Section 8 project-based assistance under the United States Housing Act of 1937 (42 U.S.C. 1437) to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively "domestic violence") from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit this certification form, or submit the information described below under "Alternate Documentation," which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form by the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

Alternate Documentation: In lieu of this certification form (or in addition to it), the following documentation may be provided:

(1) A federal, state, tribal, territorial, or local police or court record; or

(2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE:

1. Date written request is received from owner or management agent: _____
2. Name of victim: _____ 3. Your name (if different): _____
4. Name(s) of other family members listed on the lease: _____
5. Name of the abuser: _____ 6. Relationship of the abuser to the victim: _____
7. Date of incident: _____ 8. Time of incident: _____
9. Location of incident: _____

Description of Incident:

In your own words, describe the incident (Attach more sheets if needed. Initial and number each attachment.):

This is to certify that the information provided is true and correct, and that the individual named above in Item 2 is a victim of domestic violence, dating violence, or stalking. The incident(s) in question is a bona fide incident(s) of such actual or threatened abuse. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for termination of Section 8 project-based assistance or eviction from assisted property.

Signature _____ Executed on (Date) _____

Pursuant to 42 U.S.C. 1437f (ee) (2) (A), all information provided to an owner or management agent related to the incident(s) of domestic violence, dating violence or stalking, including the fact that an individual is a victim of domestic violence, dating violence or stalking shall be retained in confidence by the owner or management agent and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is:

- (1) Requested or consented to by the victim in writing;
- (2) Required for use in an eviction proceeding or termination of assistance; or
- (3) Otherwise required by applicable law

Income based APARTMENTS	MAIL ADDRESS	PHONE
Alpena Housing Commission (Copping Apts, Kurrasch Apts, Riverview Apts, Fowler Apts)	2340 S. Fourth Ave, Alpena 49707	989-884-5150 Fax: 989-884*5140
Birchwood Meadows	2550S. Grant St,111,Alpena49707	844 -445 -6016
Pinecrest Manor	200 Long Rapids Plaza, Alpena 49707	989-590-0296
Samaritas	210 Wilson St, Alpena 49707	989-301-4213
MSHDA Agent: Cindy Amlotte Section 8 Voucher Program	8450 Wolf Creek Rd Alpena, MI 49707	989-727-3708
Stratford Group	POB 517 442 W. Baldwin St, Alpena 49707	989-354 -2424
Thunderbay Apts/Pinebrook Apts	2026 W. Bagley St, Alpena 49707	989-354-2023
EMERGENCY RESOURCES:		
N EMSCA Intake: Email: housingintake@nemscag.org	Leave a message with your name/number	Local: 989.358.4678 866.484.7077
Sunrise Mission ; Single & family shelter	622 W. Chisholm St, Alpena, MI	989.356.1277
Sunrise Inc/ Women's shelter		989.356.9650
SOUP KITCHENS:		
ST. BERNARDS CHURCH 322 W. CHIHSOLM ST,ALPENA,MI	Monday-Friday 4:30 pm-5:30 pm Saturday 3:00 pm-5:00 pm	989.354.8018
TRINITY EPISCOPAL CHURCH 124 E. WASHINGTON AVE, ALPENA,MI	Sunday Supper 4:30 pm-5:30 pm	989.356.0576

HELP:

2635 US Highway 23 Alpena, MI 49707 (989) 354-3671 Fax# (989) 354-3671

HO URS: Monday - Friday: 9am-6pm Saturday: 10am - 4pm Sunday - closed

St. Vincent de Paul Family Emergency Help Line: (989) 884-1341**

By Appointment only Hours of Food Giveaway: Tuesday 12p m - 2:30pm, Wednesday: 3pm - 5pm. Thursday 12pm - 2:30pm

Clothing Vouchers Given: ONLY Tuesday, Wednesday, Thursday of every week: from 9am to 9:15am only.

Alpena St. Vincent de Paul 2635 US Highway 23 Alpena, MI 49707 (989) 354-3671 Fax # (989) 354-3671

HOURS: Monday — Friday: 9am-6pm Saturday :10am — 4pm Sunday — closed

St. Vincent de Paul Family Emergency Help Line: (989) 884-1341**By Appointment only

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Clothing Vouchers Given: ONLY Tuesday, Wednesday, Thursday of every week: **from 9am to 9:15am**

Alpena Salvation Army

Church Address: 722 N. Second Ave, Alpena, MI 49707 (989) 358-2769

Store Address: 2323 US 23 N, Alpena, MI 49707 (989) 356-4419