



## Lac Vieux Desert Housing Department

PO Box 249

Watersmeet, MI 49969

(906) 358-4577

# HOUSING APPLICATION

*Please read and sign all necessary items.*

Date and time received: \_\_\_\_\_

## LOW RENT APPLICATION PROCESS

The following steps must take place before an application is considered for housing when a unit becomes available. Unfortunately, we are unable to supply emergency housing.

### Application Check List:

- ☐ Please fill out application completely
- ☐ Federal Preference Documentation (if applicable) of:
  - Involuntary Displacement Substandard Housing
  - 50% of income for rent
- ☐ Copy of Income Verification-Includes current pay stubs for employment, military pay, unemployment, W-2s, VA benefits, SSI, pensions and annuities, AFDC, self-employment, child support, workman's comp, etc.
- ☐ Two Landlord references – If for good reason two landlord references cannot be obtained three personal letters of reference from non-relatives must be furnished.
- ☐ Assets-Bank Accounts, savings bonds, certificate of deposit, real estate, and any business or asset you sold within the last two years for less than value.
- ☐ Copy of Tribal Identification (if applicable) for each household member.
- ☐ Copies of Birth certificates for each family member
- ☐ Authorization for Release of Information & criminal background
- ☐ Copy of Driver's License/Michigan Identification Card
- ☐ Two Credit Verifications (Mutual Help and Rent-to-Own Only)

When all of the above items are completed, the Executive Director will review your application. Upon determination of eligibility your name will be placed on the waiting list if there are no available units. You will be selected based on your score from the Selection Points Worksheet. Applicants must update their application every three months to remain active on the waiting list.

## **THINGS YOU SHOULD KNOW**

*Please provide true, complete, and accurate information on your application.  
This will insure faster processing of your application.*

### **PURPOSE**

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### **PENALTIES FOR COMMITTING FRAUD**

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Subject to fines and imprisonment
- Prohibited from receiving future assistance.

Your State and Local governments may have other laws and penalties.

### **COMPLETING THE APPLICATION**

When giving answers to application questions, please include the following:

#### **INCOME**

- All sources of money you and any member of your household receive (wages, welfare or general assistance payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income from assets (interests from savings account, credit union, or certificate of deposit; dividends from stocks, etc.)
- Earnings from second job or part-time job
- Any anticipated income (such as a bonus or pay raise you expect to receive)

#### **ASSETS**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last two years for less than its full value.

#### **FAMILY/HOUSEHOLD MEMBERS**

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

## SIGNING THE APPLICATION

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by the housing agency. In addition, HUD may do computer matches of the income you report with various federal, state, or private agencies to verify that it is correct.

## BEWARE OF FRAUD

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

## REPORTING ABUSE

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll-free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

## MOVE-IN REQUIREMENT

The applicant must complete the following steps before moving in:

- ☐ Verify that the Utilities can be put into applicant's name.
  - WE Energies 1-800-242-9137
  - Semco 1-800-624-2019
- ☐ Water/Sewer 358-4577 Ext. 4152

# APPLICATION FOR HOUSING

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

## WHICH PROGRAM ARE YOU APPLYING FOR?

- ☐ Low Rent H.U.D. Income based program
- ☐ Mutual Help (subject to eligibility requirements)
- ☐ LVD Housing Rentals
- ☐ Apartment
- ☐ Efficiency Apartments

## PERSONS WHO WILL MOVE INTO THIS PROJECT:

Name	Relation to Head	Date of Birth	Age	Sex	SSN	Occupation

## TOTAL FAMILY INCOME:

Source	Rate	Current Income	Next 12 Months

1. Have you or any household member lived in any assisted housing? \_\_\_\_\_

If yes, list where and when below:

\_\_\_\_\_

2. Have you ever committed any fraud in Federally assisted housing programs or been requested to repay any money for knowingly misrepresenting information for such housing programs. \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

3. Have you or anyone in your household ever been convicted of any crime other than traffic violations?

\_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
I do hereby swear and attest that all of the information about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES 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.

### NET FAMILY ASSETS AND ASSET INCOME:

Family Member	Type of Asset	Current or Imputed	Cash Value of Assets	Actual Yearly Income of Assets
Totals				

### ACTUAL YEARLY INCOME FROM ASSETS

If the total cash value of assets is greater than \$5,000, multiply that amount by .055.

Enter the resulting amount here: \$\_\_\_\_\_

## IMPUTED INCOME FROM ASSETS

I/we have no income derived from assets.

Signature of Head of Household \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

I/we certify that the information given above to the Lac Vieux Desert Housing Department on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_

## RELEASE OF INFORMATION AGREEMENT

Name \_\_\_\_\_

Alias \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

I hereby authorize confidential information to be released between the agencies listed in this agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## AGENCIES RELEASING INFORMATION TO EACH OTHER

Lac Vieux Desert Housing Department  
Utility Companies  
Previous Landlords  
Support and Alimony Providers  
Retirement Systems  
Social Security Administration

Credit Providers/Credit Bureaus  
Law Enforcement Agencies/Social Services  
Schools and Colleges  
Child Care Providers  
Courts and Post Offices  
Enrollment

