

Application for COOGAN TERRACE

Current Contact Information:

DATE:

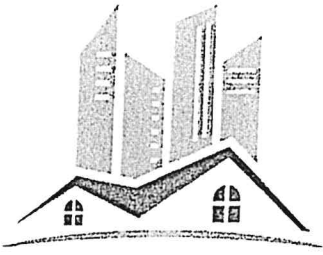
NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

EMAIL ADDRESS:



INFORMATION TO BE SUBMITTED WITH APPLICATION

The following is a checklist for: ALL APPLICANTS

Any of the following information which applies to you MUST be submitted with the application.

1. COPIES OF ALL SOURCES OF INCOME - MUST BE CURRENT
 - Pay Stubs for Employment (at least 4-6 current stubs)
 - Verification of ANY Public Assistance received from DHS
 - Social Security Statement/SSI Statement
 - Quarterly State Paid SSI Verification Letter (\$42)
 - Child Support
 - Pension Benefit Letter
 - Any Other Income Not Already Mentioned
2. BIRTH CERTIFICATE/DRIVERS LICENSE AND/OR STATE ID CARD for ALL PERSONS THAT WILL RESIDE IN THE UNIT
3. SOCIAL SECURITY CARD FOR ALL PERSONS THAT WILL RESIDE IN THE UNIT
4. PROOF OF VETERAN STATUS (Copy of Honorable Discharge Papers)

Please make copies of all required information and submit along with your application. You may drop off or mail your application to:

MELVINDALE HOUSING COMMISSION
3501 OAKWOOD BOULEVARD MELVINDALE, MI 48122
Phone: 313-429-1095 * Fax: 313-383-7872



COOGAN TERRACE APPLICATION

Please read the following carefully before completing the application

RETURN THE ENTIRE PACKET TO:

Coogan Terrace
3501 Oakwood Boulevard
Melvindale, MI 48122

If you need Reasonable Accommodations and/or an apartment with Special Features, please inquire when returning your Application Packet or contact us at (313) 429-1095 to request a "Request for Reasonable Accommodation" form.

- The application MUST be completed in the handwriting of the head of household. Incomplete applications will not be processed. Please print all answers.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office. By appointment only.
- Use the full legal name of each person listed on the application as it appears on their social security card
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you write "none", "N/A" or answer "NO"
- The legal head of household and spouse/co-head (if any) MUST sign and date the application form.
- All questions asked in this application pertain to ALL members of the household, (I.e. Do you receive Social Security? You may not receive Social Security Benefits but your spouse does; therefore, you would answer YES)
- Be advised that Coogan Terrace will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.



Americans with Disabilities Act

We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know at 313-429-1095 or if you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at (800) 424-8590



APPLICANT NAME: _____

DATE: _____

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older (head/spouse/co-head regardless of age) that will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	RELATION TO HEAD	US CITIZEN Y/N	DISABLED Y/N	SEX M/F	D.O.B.	SOC. SEC. # OR ALIEN REG. #
1. (HOI-I)						
2.						

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	RELATION TO HEAD	US CITIZEN Y/N	DISABLED? Y/N	SEX M/F	D.O.B.	SOC. SEC. # OR ALIEN REG. #	SCHOOL NAME
1.							
2.							

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)

White Black/African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity.) Hispanic or Latino Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than this State? Yes No If yes, which family member(s)? State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed? Yes No If yes, who? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
- Is anyone who will be living in the home expecting a child? Yes No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home? Yes No If yes, who? _____
- Is anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____



7. Has anyone who is/will be living in the home used another name, other than the one they are using now? Yes No
 If yes, who? _____
8. Is there anyone who is/will be living in the home who is 18 or over and a full-time student? Yes No If yes, who? _____
9. Are you or any household member disabled? (The Fair Housing Act and Section 504 defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.) Yes No
10. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If, yes, who? _____
11. Has anyone in your household served in any branch of the armed services? Yes No If yes, who? _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

1. Has any household member received rental assistance in public housing or HCV (Sec. 8)? Yes No If yes, when? Year(s) Housing agency name Under what name? Who was head of household?
2. Has any household member ever lived in public housing? Yes No If yes, when? Year(s) _____ Housing agency name _____ Under what name? Who was head of household?
3. Have you ever been evicted from public housing, Indian Housing, a Section 23 or Section 8 Program Yes No If yes, provide the following information: When? _____ For what reasons? _____ Name of Housing Authority or owner _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and al/ of the members of your household.

1. Has any household member ever been arrested for any crime? _____ Yes No If yes, how many times? Please explain. (Include when arrested, where arrested, and the reason for the arrest.

 Attach a separate sheet if needed) _____
2. Has any household member ever been convicted of any crime? _____ Yes No If yes, how many times? _____ What crime(s)? _____



3. Is any household member a subject to lifetime sex offender registration? _____ Yes No If yes, who?
In what state(s)? _____
4. Is any household member currently using illegal drugs? Yes No If yes, who? _____
5. Has any household member ever been evicted from any type of housing? _____ Yes No If yes,
explain when, where and for what reason. _____
6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes
No If yes, explain _____

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

(Income includes money or contributions from any and all/ sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? _____ Yes No If
yes, who? _____
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the
next twelve (12) months? (CHECK EITHER YES OR NO; ANSWER ALL QUESTIONS)

INCOME SOURCE	YES	NO	INCOME SOURCE	YES	NO
Wages, salaries, tips, fees, or commissions from an employer? (Full or part time)			Interest, dividends, or other income from real or personal property		
Child support payments?			Compensation for personal services?		
Unemployment compensation?			Income from the operation of a business or profession?		
Payments from Social Security(SS)?			Worker's compensation?		
Payments from pensions?			Disability compensation?		
Payments from disability benefits (SSI)?			Alimony payments?		
Payments from DHS for Quarterly SSI (\$42)?			Money from self-employment?		
Welfare cash assistance payments?			Regular contributions or gifts from anyone?		
Welfare Food Stamps			Payments from annuities?		
Severance pay?			Payments from insurance policies?		
Payments from retirement funds?			Lump-sum payments for the delayed start of periodic payments?		
Payments from death benefits?			Regular or special military pay?		
Veterans Administration benefits?			TANF payments?		
Financial assistance to attend school?			Other Income?		

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family member name	Income source	Amount \$	Frequency — (Circle One)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year



PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger?
 Yes No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No
 If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No ; If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost? \$ _____

Medical Expenses (These questions only apply if the head, spouse or co-head is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
 Long term care insurance? Yes No
 Out of pocket prescription expenses? Yes No
 Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:



PART G: CERTIFICATION OF APPLICANT AND SIGNATURE PAGE

APPLICANT CERTIFICATION I/We certify that the information given to the Melvindale Housing Commission regarding my 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 understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy and jeopardize the approval of my application.

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease

I understand that I am required to notify the Melvindale Housing Authority in writing of any changes in household composition (size), address, or income.

CRIMINAL BACKGROUND AND SEX OFFENDERS REGISTRY RELEASE

I hereby acknowledge that by signing this application the Melvindale Housing Commission will conduct a criminal history AND National Sex Offenders Registry check on all adult family members listed within this applicant in accordance with Public Law 104-120, The Housing Opportunity Extension Act of 1996. In accordance with the regulations at 24 CFR 5.856 and 5.905, O/AS and PHAS must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under a State sex offender registration program

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Other Adult

Date

Signature of Owner/Agent Representative _____ Date _____

PRELIMINARY ELIGIBILITY FOR WAITING LIST: YES NO IF YES, DATE AND TIME PLACED ON WAITING LIST: _____

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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.



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

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules										
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
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.											

Check this box if you choose not to provide the contact information.

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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.