Instructions:

** Request for Reasonable Accommodation **

To be completed only with respect to those handicapped/disabled.

Supplement to Application for Federally Assisted Housing

If you wish to authorize another individual or organization to assist in any areas listed on this form, complete the form in detail. If not, please check the box at the top indicating you do not choose to provide any contact information and sign and date the form.

U.S. Department of Housing and Urban Development

This form is in reference to any debts owed to public housing and/or terminations. Please read and sign and date the back of the form acknowledging understanding of the contents of this form.

Application

Complete the application in full – front and back. Select the program for which you are applying (Public Senior and if you would or would not be interested in a studio/efficiency apartment – or Public Family Housing – or both if you qualify for both. Fill in the requested information, answer the questions on the back, list your source of income at the bottom of the back and sign and date the application.

**A photo ID is required with the submission of the application – Driver's License or State photo ID.

** To be completed only with respect to those handicapped/disabled **

{Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodation, this form must be provided to all applicants who apply for Housing assistance).

REQUEST FOR REASONABLE ACCOMMODATION

Do you have a medical condition that requires a reasonable accommodation? Yes ☐ No ☐

If yes, please provide the following information:

_____	_____	_____
Applicant Name	Date	Phone
_____	_____	_____
Current Address	City	Zip

Please state the nature of your request: _____

_____

Is there anyone willing to pay for these modifications? (Circle one)

Yes; If yes, specify _____ No

I understand that additional documentation may be requested by the Housing Commission to support this request.

_____ _____

Applicant Signature Date

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Signature of Applicant	**Date**

OMB No. 2577-0266 Expires 10/31/2019

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Signature on back

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:
Port Huron Housing Commission 905 7th Street Port Huron, MI 48060 Phone: (810) 984-3173 Fax: (810) 984-6430	Signature Date Printed Name

PORT HURON HOUSING COMMISSION
Pre-Application for Housing Assistance
905 7th Street, Port Huron, MI 48060 (810) 984-3173

NOTE: This pre-application does not obligate you or the Port Huron Housing Commission in any way. Please complete the entire form (front & back)
Select the Program(s) for which you would like to apply:

_____ Public Senior Housing (Age 50 & over only, 62+ given preference)
Would you be interested in a Studio / Efficiency Apartment? Circle One: YES NO

_____ Public Family Housing
(PF 1 Bedroom Waiting List Closed)

_____ Section 8 (HCV Program)

PLEASE PRINT List each person to reside in the household beginning with the Head of Household. Use Legal Names Only.

Name (Last, First, Middle Initial)	Social Security # (must list for each person, regardless of age)	Sex	Disabled or Handicapped? Yes or No	Race (see below)	Ethnicity (see below)	Date of Birth	Relationship to Applicant (Head, Daughter, Son, etc.)	Is this Person a Co-Head? (Yes or No)

List additional persons on separate paper

Race: White, Black, Indian, Asian or Hawaiian

Ethnicity: Hispanic or Non-Hispanic

Present Street Address: _____ (Street) _____ (City) _____ (State & Zip)

Contact #: _____

Present Mailing Address: _____ (Street) _____ (City) _____ (State & Zip)

Email: _____

OFFICE USE ONLY:

Date Received:	Time Received:	Bad Debt: Yes or NO & Staff Initials who Checked:	Prior Assistance: Yes or No & PHA Location:	Bed Size:	Date & Staff Initials who Entered into HMS:

In accordance with the Port Huron Housing Commission's Annual Plan, families are selected from the Application List based on the following reference system, which is based upon local housing needs and priorities. Points are assigned to the preference, and applicants are contacted in the corresponding order, with consideration of the date and time the application was submitted for placement on the Application List.

1. Are you 62 years of age or older? Yes ☐ No ☐
2. Is the Head or Co-Head of household disabled or handicapped? Yes ☐ No ☐
3. Will there be children under 18 years of age residing in the household? Yes ☐ No ☐
4. Do you live in St. Clair County? Yes ☐ No ☐
5. Are you attending an employment training program in St. Clair County? Yes ☐ No ☐
6. Are you a full-time student in St. Clair County? Yes ☐ No ☐
7. Have you been a victim of Domestic Violence in the past 12 months? Yes☐ No ☐
8. Is everyone in the household a U.S. citizen? Yes ☐ No ☐ If no, explain: _____
   _____
9. Have you ever rented or received assistance from a Public Housing Authority including The Port Huron Housing Commission's Public Housing or Section 8 Program? Yes ☐ No ☐
10. Have you been evicted by a landlord within the last 5 years? Yes ☐ No ☐ If yes, when _____
    Landlord Name _____ & Address _____
    (Use additional pages if necessary)
11. Are you or any member of the household regardless of age, subject to a registration requirement on a Sex Offender Registry? Yes ☐ No ☐
12. Are you submitting Homeless referral documentation from the local HARA designated agency for St. Clair County with this application? Yes ☐ No ☐

List all monthly monies earned or received by all household members. This includes monies from self-employment, child support, outside contributions, social security, disability (SSI), unemployment, workers compensation, retirement benefits, DHS benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources:

Household Member(s)	Employer	Total Pay Amt.	DHS Benefits (FIP / FAP)	Child Support	Social Security / SSI	Unemployment	Any Other Income

NOTICES:

1. You are required to notify Port Huron Housing in writing of any change in household status, address or income. If we cannot contact you at the above address, your name will be removed from the applicant list and you will have to re-apply.
2. Certain information requested is to comply with Equal Opportunity requirements, to assure that no discrimination occurs. Your answers to these questions will not affect (either positively or negatively) your selection for a program.
3. The Port Huron Housing Commission will be completing a criminal background check on all household members to verify information and eligibility
4. All monies due to the Port Huron Housing Commission or any other Public Housing Authority must be paid in full
5. If you or a member of your household need Reasonable Accommodations and / or a unit with Special Features, please ask at our front desk for a "Request for Reasonable Accommodations" form r your assistance will be denied.
6. You have the right by law to include as part of your application for housing the name, address, telephone number & other relevant information of a family member, friend, or social, health, advocacy or other organization, 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 by completing form HUD-92006 "Supplement to Application for Federally Assisted Housing

I do hereby certify that all information provided is complete and accurate. Failure to provide true accurate information could jeopardize the approval of your application. I further certify that I have been provided with a copy of the following documents, 1.VAWA Notice 2. Waiting List Preference Descriptions 3.HUD Fraud Form "Is Fraud Worth It" 4. Receipt of Pre-application Submission

_____ _____

Head of Household Signature Date