



316 Pine Street, Marquette, MI 49855 • Tel (906) 226-7559 • Fax (906) 226-8633 • www.mqthc.org

Housing Choice Voucher Program Application

All information must be printed clearly. If we cannot read your application, **we may not be able** process it.

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone _____ Email: _____

HOUSEHOLD COMPOSITION (Please list the head of household first and then all persons who will live in the household.)

Full Name	Sex	Date of Birth	Social Security Number	Age	Disabled Y/N	Veteran Y/N	US Citizen Y/N

If family members have had other names in the past, please specify these names: _____

General Information

- Has any adult member of your household ever received assistance from any government housing program anytime in the past? _____ Yes _____ No
 If yes, please explain _____
- Has any adult member of your household ever been terminated, evicted and/or asked to leave a government program? _____ Yes _____ No
 If yes, please explain _____
- Do you owe money to any government housing program? _____ Yes _____ No
 If yes, please explain _____

Criminal History

- Has any adult member of your household ever been convicted and placed on the state sex offender registration program? If yes, please give which member, year, offense, and court system processed _____ Yes _____ No

- Has any member of your household ever been arrested and/or convicted of any drug charges? If yes, please give which member, year, offence, and court system processed _____ Yes _____ No

This information is for statistical purposes only. Please check all that apply to the head of the household.

White Black American Indian/Alaskan Asian/Pacific Islander
 Hispanic Non-Hispanic Other

Income Verification

Source of income can be from work, government assistance (Cash Assistance, Social Security benefits, etc.), family contributions, or student loans. Please note that all income must be disclosed, but might not be figured into the assistance calculation.

Household Member	Source of Income (provide company name, etc.)	Hourly (plus number of hours), weekly or monthly Amount	If pending, provide details

Asset Information

Type of Asset	Account No.	Bank Name	Bank Address	Amount
Checking				
Savings				
Cash				
Certificate of Deposit				
US Savings Bonds				
Credit Union Shares/Credit				
Other				

Are you currently homeless? ____ Yes ____ No

Do you own any real estate? ____ Yes ____ No

Have you sold or disposed of any real estate, real property or assets in the last 2 years? ____ Yes ____ No

If you answered yes to the above question, please list _____

MHC Policy Statement: The Marquette Housing Commission will deny or terminate assistance to those determined to either have a history of, or are currently involved in drug related criminal activity and/or have been placed on the State Sex Offender Registration Program.

I/We, the applicant(s) named above, certify under penalty of perjury that the information given to the Marquette Housing Commission regarding household composition, family characteristics and preference status, is accurate and complete to the best of my/our knowledge. Further, I/We understand that false statements or information provide within are punishable according to Title 18, Section 1001 of the United States Code. In addition, I/We understand that this is not an entitlement program and that program participation is contingent upon compliance with the rules and regulations of the Section 8 process and recertification process once assisted.

Head of Household _____ Date _____

Spouse _____ Date _____

Co-Head _____ Date _____

Other Adult _____ Date _____

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRADULAENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.