



PRE-APPLICATION FOR HOUSING ASSISTANCE

Applicant Name: _____

Alias/Maiden Name: _____

Do you need to assistance to complete this application (reasonable accommodation) or an interpreter? Y / N

If yes, please explain or contact our office: _____

Current Address: _____
 (Street) (City) (State) (Zip code)

Phone Number: _____ **E-mail:** _____ **Text:** _____

Address of residence you wish to be added: _____

INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION

Household Members: Please list all adults and children who will be living in the household including, live-in aides, foster children, and foster adults. Please attach an additional page if necessary.

Full Legal Name (Also include alias or maiden name)	Relation to HOH	Social Security Number	Date of Birth	Sex	Age	Race	Do you claim a disability?	US Veteran/ Spouse of Veteran	US Citizen	Full time Student
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N

Household Income: (Do NOT include any income that would be lost when relocating to Marquette Housing Commission.)

HOUSEHOLD MEMBER Full Legal Name	SOURCE OF INCOME Social Security, SSI/SSDI, Employer, etc.	WAGE Hourly	HOURS WORKED			TOTAL INCOME		
			Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly
			/	/	/	/	/	/
			/	/	/	/	/	/
			/	/	/	/	/	/

Qualifying Income Limits:

Family Size	1	2	3	4	5	6	7	8
Low-Income	33,950	38,800	43,650	48,500	52,400	56,300	60,150	64,050

1. Does the Head of Household or Co-head of Household have a Payee? Y / N

If yes, please provide name and phone number: _____

Payee's Address: _____

2. Does the Head of Household or Co-head of Household have a Legal Guardian? Y / N

If yes, please provide name and phone number: _____

Guardian's Address: _____

3. Are you or any household members currently a medical marijuana card holder or applying for one? Y / N

4. Do any household members need a barrier free unit? Y / N

5. Is your household currently homeless? Y / N

If yes, where are you sleeping? _____

6. Has any household member been convicted of any felonies within the last **10 years**? Y / N

7. Are any household members a registered sex offender? Y / N

(This information will be verified through the U.S. Department of Justice National Sex Offender Registry)

8. Is the Head of Household or Co-head of Household fleeing domestic violence? Y / N

9. Does the Head of Household or Co-head of Household have a court ordered reunification plan with one or more children who will be living in the household? Y / N

10. Does your household plan to have anyone living with you who is not listed above? Y / N

**This includes any unborn children.*

If yes, please explain: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Consent: I consent to allow the Marquette Housing Commission to verify my landlord references, income, assets, and expenses. I also consent to allow MHC to screen for eligibility my credit and criminal history. I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief.

Head of Household/Guardian Signature

Date

Spouse/Co-Head Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date