



HOUSING APPLICATION IMPORTANT INSTRUCTIONS

Please follow **all** the instructions below to avoid delays in processing due to incomplete applications. Incomplete applications will be returned to the applicant for corrections.

- **Use blue or black ink ONLY!**
- **Whiteout** used will null and void the application.
- Please complete **every** question & explain as needed.
- If something does not apply, **please complete with a “N/A”**.
- **Seven (7) years of address history**, including landlord contact information, is required. You may attach a separate page if needed.
- **Full social security numbers** for every household member are required.
- **“Supplement to Application for Federally Assisted Housing”** page
 - **Option 1:** Complete the form for payees, advocates, emergency or alternate contact.
 - **Option 2:** Check the box at the bottom, sign, and date if you choose not to provide an alternate contact.
- **Pets:** Weight limit of 30 pounds for dogs and a limit of 1 cat or dog.
- **Ways to submit 24/7:** In the secure drop box located at your property of choice:

Pine Ridge Marquette	Lake Superior Village
316 Pine Street, Marquette, Mi 49855	1901 Longyear Avenue, Marquette, Mi 49855
Fax: (906)226-8633	Fax: (906)225-0503
Email: hrosenburg@mqthc.org or ekettu@mqthc.org	Email: jwalters@mqthc.org or sfogaroli@mqthc.org

What to Expect next: Management will send a letter to the current address provided under “Applicant” (or e-mail if without USPS mailing address) within 14 days.



REQUIRED Address History Cont'd. – Minimum 7 years consecutive

Applicant:	Co-Applicant:
Previous Address: _____ City, State, Zip _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____ Did you leave owing a balance? If yes, how much? Were you evicted or asked to leave? Yes No \$ Yes No	Previous Address: _____ City, State, Zip _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____ Did you leave owing a balance? If yes, how much? Were you evicted or asked to leave? Yes No \$ Yes No

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*****FOR MORE ADDRESS HISTORY SPACE, PLEASE SEE THE ADDITIONAL PAGE*****

Employment (N/A if not employed)

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time: _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Unearned Income such as SSI, Child Support, and Unemployment (N/A if no unearned income)

Name of Household Member	Type of Income	Amount	Frequency
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year
			<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year

Provide asset information below: (also include savings, checking, CD, 401(k), real estate, online accounts such as Venmo, Cash App, etc.)

Name of Household Member	Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Have you disposed of any assets in the last two years? Yes or No

If "yes", please list the asset and value received: _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes or No

If you answered "yes" to the above question, have you, successfully, completed a controlled substance abuse program or are you presently enrolled in such a program? Yes or No

If "yes", please explain: _____

Have you or any member of your household EVER been convicted or pled guilty of a crime - felony, misdemeanor?

Yes or No If "yes", please provide the **year and nature of your conviction(s) or guilty plea(s)**: _____

Are you or any member of your household currently subject to a registration requirement under a state sex offender program? *This information will be verified through the U.S. Department of Justice National Sex Offender Registry* Yes or No

Additional information will be required at a later date to complete the process for residency.

Any applicant that has a guardian, payee, or caseworker, or is working with an agency, please complete the last page (Supplement to the Application) to provide contact information and authorization to release information.

The undersigned understands that the preliminary rental application is used to determine eligibility to be placed on the waitlist and that all information is true and complete. This pre-application does not obligate the applicant(s) or the Marquette Housing Commission to leasing or rental rights.

PLEASE NOTE: All statements on this preliminary rental application must be true and complete. It is your responsibility to notify the MHC, in writing, if you have a change in address, income, or family composition.

IMPORTANT: FAILURE to reply to any correspondence, requests for updated information, or appointments will result in your application being deleted from the waitlist.

I **AUTHORIZE** the Marquette Housing Commission (Management Agent) to obtain information on my rental history by contacting any references necessary to evaluate renting risks. I hereby, release all references to give the Marquette Housing Commission all requested information.

THIS APPLICATION MUST BE SIGNED BY ALL **ADULT HOUSEHOLD (18 YEARS OR OLDER)** MEMBERS APPLYING.
Unsigned applications are considered incomplete and as such, cannot be placed on the wait list.

SIGNATURE of Applicant, Head of Household

Date

SIGNATURE of Co-Applicant, Spouse/Co-Head

Date

WARNING: MAKING FALSE STATEMENTS IS A FELONY AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY GRAND THEFT, FILING FALSE DOCUMENTS WITH PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES. IN ADDITION, UNITED STATES CODE, UNDER TITLE 18 SECTION 1001, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

PLEASE RETURN COMPLETED APPLICATION TO PROPERTY OF CHOICE:

PINE RIDGE MARQUETTE
316 Pine Street, Marquette, MI 49855
FAX: (906)226-8633
EMAIL: rosenburg@mqthc.org or ekettu@mqthc.org

LAKE SUPERIOR VILLAGE
1901 Longyear Avenue, Marquette, MI 49855
FAX: (906)225-0503
EMAIL: jwalters@mqthc.org or sfogaroli@mqthc.org



SMOKE AND DRUG-FREE HOUSING (INCLUDING MARIJUANA)



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: <input style="width: 150px;" type="text"/>	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No: <input style="width: 150px;" type="text"/>	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
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.

