



# HOUSING APPLICATION

## IMPORTANT INSTRUCTIONS



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

These Project Based Vouchers are for 1-bedroom units only at Black Rock Crossing located at 1506 W. Ridge St. Marquette, MI 49855.

- **INCOME LIMITS ARE AS FOLLOWS:** If you are **over** these limits please **DO NOT** apply.  
1 person income limit: \$18,330.00  
2-person income limit: \$20,940.00

### APPLICATION INFORMATION

- You will need to complete **both** the HCV application and the Black Rock Crossing application unless you already completed and submitted the Black Rock Crossing application.
- **Use blue or black ink ONLY.**
- **Do not use whiteout** on the application, it will make it null and void.
- Please complete **every** question & explain as needed.
- If something does not apply, **please complete with a "N/A"**.
- **"Supplement to Application for Federally Assisted Housing"** page  
**Option 1:** Complete the form for payees, advocates, emergencies or alternate contact.  
**Option 2:** Check the box at the bottom, sign, and date if you choose not to provide alternate contact.
- **Ways to submit your application:**  
Pine Ridge Marquette  
Attn: HCV Program  
316 Pine St. Marquette, MI 49855  
Fax : (906) 226-8633  
Email: [kgoedert@mqthc.org](mailto:kgoedert@mqthc.org)

**What to Expect next:** HCV Specialist will process your application for the HCV program and return send a letter to the current address provided under "applicant" within 14 days. The Black Rock Crossing application will be forwarded to their management team for processing unless you have already applied to them directly.





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

**Housing Choice Voucher Program Application  
 Black Rock Crossing  
 Project Based Vouchers**

All information must be printed clearly. If we cannot read your application, **we may not be able** to 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 people 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: \_\_\_\_\_

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

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

Are you currently homeless?  Yes  No      If yes, which agency \_\_\_\_\_

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 \_\_\_\_\_

**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

1. *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

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2. *Has any member of your household ever been arrested on any drug charges? If yes, please give which member, year, offense, and court system processed* \_\_\_\_\_ \_\_\_ Yes    \_\_\_ No

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3. *Has any member of your household ever been convicted on any drug charges? If yes, please give which member, year, offense, and court system processed* \_\_\_\_\_ \_\_\_ Yes    \_\_\_ No

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## Income Verification

Sources 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	Income Limits: 1 person income limit: \$18,330.00 2 people combined income: \$20,940

## 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				

**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 \_\_\_\_\_

**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.**



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.