



**INCOME:**

List all monies earned or received by everyone in your household. This includes money from wages, self-employment, monthly child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, monthly welfare payments, Veterans benefits, alimony, rental property income, stock dividends, income from bank accounts and all other sources.

Include at least 1 **SAMPLE** income listed below such as check stubs, award letters, court orders, bank statements, w-2's, or your income taxes from last year.

PERSON	↑sample ↑	Name and Address of source of income.	AMOUNT
HEAD of Household			

- Is any member of your household employed full time, part time or seasonally? Yes No
- Does any member of your household expect to work for any period during the next year? Yes No
- Does any member of your household work for someone who pays those cash? Yes No
- Does any member of your household now receive, or expect to receive unemployment? Yes No
- Is any member of your household on leave of absence from work? Yes No
- Does any member of your household receive social security benefits? Yes No
- Does any member of your household receive cash on a regular basis? Yes No
- Do you or any household member own a home or real estate? Yes No
- Has any member of your household sold or given away real property or other assets in the past two years? Yes No
- Do you receive child support payment or is there a court order for payments Yes No
- Does any member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? Yes No
- Name and city of Bank or financial institution: \_\_\_\_\_
- Does any member of your household travel more than 20 miles 1 way for work or travel? Yes No
- Are you in need of a handicap accessible unit? Yes No
- Explain any YES answers: \_\_\_\_\_

UTILITIES: Check any utility with a balance owed by *any* household members. If there is an outstanding utility bill you will not be eligible to move in and sign a lease until all utilities are current and a deposit may be required.

Semco \_\_\_ REA \_\_\_ KBIC Water/Sewer \_\_\_ Village of Baraga \_\_\_ UPPCO \_\_\_ Marquette Alger Delta \_\_\_

**SCREENING** In order to complete your application for Low-Rent Housing you must provide information regarding your rental history and references. Failure to provide complete and accurate information may result in insufficient information to determine suitability for tenancy.

PREVIOUS HOUSING INFORMATION: (past 5 years)

1. Previous Address: \_\_\_\_\_  
Landlord's name and address: \_\_\_\_\_  
Landlord's daytime phone number: \_\_\_\_\_  
How long did you live there? \_\_\_\_\_ Why did you move? \_\_\_\_\_  
Was there an eviction action pending against you? NO. If yes, reason? \_\_\_\_\_

2. Previous Address: \_\_\_\_\_  
Landlord's name and address: \_\_\_\_\_  
Landlord's daytime phone number: \_\_\_\_\_  
How long did you live there? \_\_\_\_\_ Why did you move? \_\_\_\_\_  
Was there an eviction action pending against you? NO. If yes, reason? \_\_\_\_\_

3. Previous Address: \_\_\_\_\_  
Landlord's name and address: \_\_\_\_\_  
Landlord's daytime phone number: \_\_\_\_\_  
How long did you live there? \_\_\_\_\_ Why did you move? \_\_\_\_\_  
Was there an eviction action pending against you? NO. If yes, reason? \_\_\_\_\_

REFERENCES (no relatives)

1. Name/ Address/Phone: \_\_\_\_\_  
Relationship (how do you know this person): \_\_\_\_\_ Years known: \_\_\_\_\_

2. Name/ Address/Phone: \_\_\_\_\_  
Relationship (how do you know this person): \_\_\_\_\_ Years known: \_\_\_\_\_

Has any household member ever been convicted of any crime? (All applicants are subject to a Security background check)  NO  YES

If YES, explain \_\_\_\_\_

**Please explain your current housing situation or any additional information that will help us process your application:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT DECLARATION**

I hereby certify that the above information is correct and completed to the best of my knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party. I have no objection to inquires being made for the purpose of verifying the statements herein and hereby authorize the release to the Ojibwa Housing Authority any information requested to determine eligibility for assisted housing.

I certify that myself and all members if my household, **do not** use illegal drugs. I further attest that I and all members of my household do not sell, possess or use any illegal drugs and that my household is a drug-free household.

I certify that all the information provided on this form, including household composition, family assets & income, allowances, deductions, and previous housing assistance is accurate and complete to the best of my knowledge.

I understand that I am required to immediately report all changes on my household composition and income to the OHA in writing within 2 weeks of changes.

**I understand the Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false statements to any department or agency.**

I understand this statement will remain in effect for the entire length of my tenancy with the Ojibwa Housing Authority.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member \_\_\_\_\_ Date \_\_\_\_\_

**Eligibility:** The OHA shall select eligible applicants from the rental waiting list in accordance with the selection preferences and the applicant’s respective eligibility dates. Prior to placement in a unit or receipt of services, the OHA shall conduct a thorough screening process of each applicant to determine suitability for admission.

**Application Updates:** The applicant is responsible for making corrections or for updating the application every six (6) months or earlier if there are any changes that need to be made.

Failure to update an application for a period of six (6) months is grounds for placing the application in an inactive file and removing the family from the waiting list. Applicants whose application is nearing the six (6) month expiration date will be notified of the expiration date. This notification will be mailed at least two (2) weeks prior to the expiration date.



Ojibwa Housing Department  
220 Main Street, Baraga, Michigan

**AUTHORIZATION  
for Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Keweenaw Bay Ojibwa Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- |                                 |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status     | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowance | Credit and Criminal Activity   |                                |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- |  |  |   |
|--|--|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers<br>Welfare Agencies | Veterans Administration<br>Retirement Systems |
| Courts and Post Offices                                | State Unemployment Agencies                    | Banks and other Financial Institutions        |
| Schools and Colleges                                   | Social Security Administration                 | Credit providers and Credit Bureaus           |
| Law Enforcement Agencies                               | Medical and Child Care Providers               | Utility Companies                             |
| Support and Alimony Providers                          |  |   |

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____